IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA,
Plaintiff,
vs.
STATE OF GEORGIA,
Defendants.
- - - - - - - - - - - - - - -

CIVIL ACTION
NO. 1:16-cv-03088-ELR

VIDEOTAPE DEPOSITION OF

MARNIE BRASWELL

Thursday, January 26, 2023, 10:14 a.m., EST

HELD AT:

CSB Middle Georgia
2121-A Bellevue Road, Building 12
Dublin, Georgia 31021

WANDA L. ROBINSON, CRR, CCR, No. B-1973
Certified Shorthand Reporter/Notary Public

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ALSO PRESENT:

ROBERT F. PUTMAN, Ph.D.

MICHAEL AUSTIN KING, Videographer

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THE VIDEOGRAPHER: Good morning. We are now on the record.

The time is now 10:14 a.m. on Thursday, January 26th, 2023.

This begins the videotape deposition of Marnie Braswell, taken in the matter of the United States of America v. State of Georgia, filed in the United States District Court for the Northern District of Georgia, Atlanta Division, Case No. of which is 1:16-CV-03088-ELR.

The videographer today is Austin King. The court reporter is Wanda Robinson. We are both representing Esquire Deposition Solutions.

Counsel, would you please announce your name and who you represent, after which the court reporter will swear in the witness.

MS. COHEN: This is Frances Cohen, for the United States Department of Justice.

MS. McGOVERN: Annarita McGovern, on behalf of Middle Georgia CSB and the witness.

MS. HERNANDEZ: Danielle Hernandez, on behalf of the State of Georgia.

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MARNIE BRASWELL,

being duly sworn, was examined and testified as follows:

- - - - - - -

MS. COHEN: Good morning. Thank you.

Thank you for coming in. Thank you to counsel for facilitating this, and thank you for hosting us today. We really appreciate it and we appreciate your time.

This is a deposition in the matter of the United States versus Georgia, which is a case that the Justice Department has brought against the State of Georgia alleging that students are unnecessarily segregated because of their mental health disabilities, and the case has been pending for a while. We've taken a number of depositions.

This is the third-party deposition that we're taking today, so I really appreciate all the help we've gotten from CSB of Middle Georgia.

EXAMINATION

BY MS. COHEN:

Q So would you please state your name and address for the record.

A I will. My name is Marnie Braswell. And I live -- or reside at 4026 Lothair Church Road, Soperton, Georgia, 30457.

Q So here's how we're going to proceed today. I will ask questions and I'll ask you to answer them to the best of your ability. I understand that you won't remember everything perfectly, but I'll just ask you to answer them as best you can.

A Okay.

Q And then the court reporter is very experienced, but she can still take down only one of us at a time.

A Okay.

Q So I'll try not to step on your answers, and then I'll ask you to just let me finish my questions.

A Okay. I'll do that.

Q And then the court reporter also cannot take down nods of the head or nonverbal responses. So if you can just remember to say yes or no.

A Okay.

Q Thank you.

A Yes, I'll do that.

Q All right. And then in terms of breaks,

you can take a break at any time except when a question is pending. We would ask that you answer the question before you take your break.

A I understand.

Q And we will of course break for coffee and lunch and our usual breaks. We'll try to keep it short so everyone can get where they need to be later in the day.

A Okay, I'm good with that.

Q And if you don't understand any question, just ask me and I'll rephrase it.

A Okay, thank you.

Q So I want to start by asking how you're employed right now?

A I am employed as the child, adolescent and emerging adult coordinator with Community Service Board of Middle Georgia, and I have been employed for 26 years with CSB of Middle Georgia, and I have worked with the child, adolescent and emerging adult population of children and young adults during that entire time.

MS. McGOVERN: Just wait for her to ask another question.

THE WITNESS: Okay, thank you. That's good, because I was like okay. I'm sorry.

I'll do better.

BY MS. COHEN:

Q And what year did you graduate from high school, Ms. Braswell?

A 1990.

Q And what has been your formal education since high school?

A I have some college at Georgia Southern University, and also I have a degree in cosmetology. And as far as -- and of course I graduated from high school.

Q So you graduated from high school in 1990?

A Yes, ma'am.

Q Here in Dublin, Georgia?

A In Soperton, Georgia.

Q In Soperton.

Then you took some courses at GSU?

A I did until my father passed away.

Q Oh, I'm sorry.

And were those -- did those courses have any relevance to the work that you're doing now?

A Psychology, yes.

Q And then you said you've been here for -- at CSB of Middle Georgia for 26 years?

A Yes, that's correct.

Q So how were you employed after leaving high school before you came to work at CSB of Middle Georgia?

A When I was attending college I worked in the college cafeteria, and I have worked for CSB of Middle Georgia since I left that job.

Q So if my math is right that you came to CSB in Middle Georgia in 1997?

A 19 -- well, it was December the 15th of 1996.

Q Thank you.

What's been the titles you've had at CSB of Middle Georgia since you got here?

A I started out as a part-time case manager, and I was promoted to a full-time case manager, and then I was promoted again to a day treatment supervisor. And from there I was promoted to overseeing all of the day treatment programs for children within the counties we served.

And from there I was asked to become the coordinator over all of the children, the youth and adolescent services.

Q Okay. So let me try to put some time frames on that --

A Okay.

Q -- and find out exactly what these positions involve.

A Okay.

Q Okay. So you started as a part-time case manager in 1996?

A Yes.

Q And what did your responsibilities include?

A We had an after school, during the summer, holidays program where we offered group skills building to children who maintained a GAF score, overall functioning score, of 37, at the time from 37 to 52 range, which were more severe children who had been diagnosed as more severe. And I maintained that position where we offered the group skills building assistance with being able to stay in school, assistance with being able to stay in their homes, and in their community.

Q And what age children were these?

A At the time, that was age five to 18 years of age.

Q And I believe you said this was the most severe population?

A At the time when day treatment programs were within -- or allowed that service within

Georgia. Yes, those were some of the more severe children.

Q More severe?

A Yes.

Q Thank you. In terms of more severe, what?

A As far as the children we were serving, they had had multiple times of being in crisis stabilization units, or they may be or were unable to attend school because of the behaviors or their emotional states.

Q So is it fair to say that they had more severe mental health disorders --

A Yes.

Q -- on the spectrum of individuals with diagnosed mental health disabilities?

A Yes.

Q And how long did you remain in that part-time case manager position?

A I remained, if my memory serves correctly, in the part-time a year and a half, and I was promoted to full-time after that.

Q So that was in 1998, approximately?

A 1998. Yes, ma'am.

Q And what were your responsibilities as a full-time case manager?

A My caseload was more defined. I had -- instead of working with all the children who were in the day treatment program, I had my own caseload where I became the primary case manager. I ensured that those youth received the services that they needed, too. That was according to their level of care.

And also I met with their teachers, their families, their counselors. If they were involved with Department of Juvenile Justice or Department of Family and Children Services, I acted as a liaison with them to help them be able to maintain their daily living.

Q And then when did your role change next?

A I was asked to take over all of the group programs approximately three years after I started as a full-time case manager.

Q Did you have a title in that role?

A Well, I'm trying to think at the time, I've had so many changes, exactly. It was child, adolescent and emerging adult group.

Q Got it.

A Program manager. So I covered all of the programs.

Q And that was in 2001, approximately?

A Approximately, yes.

Q And how did your position -- how has your position here changed since then?

A Since then, I have been promoted to being over all of children services, and that's my current title, which is child, adolescent and emerging adult coordinator.

Q Now, when you say over all children services --

A Yes.

Q -- I know you previously mentioned that you were involved with day services?

A Right.

Q What else is included when you go to all children services?

A Okay. It's a good bit.

So, yes.

I oversee all of our outpatient services as far as making sure everything is coordinated and families are receiving the care that they need.

I also oversee the specialty programs, such as Apex school-based counseling, as well as we have a SOAR mental health clubhouse, as well as our Essential Pieces Autism Program, as well as our peer support emerging adult programs, and of course our

psychiatric nursing services, which are tied into our outpatient services as well.

And we have just became an intensive customized care CME entity --

Q Congratulations.

A -- for the State of Georgia. Thank you.

So that as well.

Q So do you have any residential treatment here?

A Not residential, we don't.

Q What is the business of CSB of Middle Georgia?

A We are -- you can say we're a safety net provider for anyone who comes and needs help, where there to help them.

We work very close with community partners because we are in a rural area, so we have to be very creative with helping a lot of the families who don't have access to resources. We're sort of known sometimes as the only man in town. Everybody comes to us, and we're able to help them get all the needs.

We are very flexible in who we accept into services. You come to us, we find a way, whether if you're insured or not, because we are the safety net

provider.

And we have been very fortunate, blessed over the years, to have grant opportunities, so that we can provide services to all, no matter what, where they're coming at, or poverty, up to if they're very well off. We serve everyone.

Q What is the Community Service Board?

A A Community Service Board, we are really like if contracted through Department of Behavioral Health as far as we -- they give us allowances. We follow by the provider manual, which is set by the Department of Behavioral Health, as well as -- which is also based on Medicaid guidelines as far as service provision.

We're considered a Tier I provider, and that is, as I mentioned, we're the safety net. So if there's no private providers in the area, we cover certain counties, and in our case we cover two different regions, which is Region 5, and also counties within Region 5 and Region 2.

Q Now, I have a map.

A Yes.

Q Let me pass that to you.

A Okay.

MS. COHEN: We'll mark this map, which is

put out by the Georgia Association of Community Service Boards. It's a two-page map, as Exhibit 867.

(WHEREUPON, Plaintiff's Exhibit-867 was marked for identification.)

MS. COHEN: Sandra, are you in a position to email to opposing counsel?

MS. LeVERT: Yes, I can but can we just clarify which one is the map?

MS. COHEN: It's coverage by county, Community Service Board map.

I think she's probably seen it before but let me be better coordinated.

MS. LeVERT: Do you have a Bates stamp number with it?

MS. COHEN: It doesn't have one. It's from the DBHDD website.

MS. LeVERT: Okay, I see it now.

MS. COHEN: You see it. Thank you. Okay.

BY MS. COHEN:

Q So what are the geographic areas that are served by the Community Service Board of Middle Georgia?

A Would you like me to name the counties?

Q Yes. How many are there?

A There are 16 counties.

Q My goodness. If I say CSBMG from time to time, you understand --

A Yes.

Q -- I'm referring to the Community Service Board of Middle Georgia?

A Yes, I do.

We serve Treutlen County, Montgomery County, Wheeler County, Telfair County, Pulaski County, Wilcox County, Bleckley County, Laurens County, Johnson County, as well as -- I'm not sure -- and Burke County, Jenkins County, Emanuel County, and Screven, Glascock, and -- I thought I had all this in my memory. You can tell I've said it quite a few times.

Q I think you're doing a pretty good job.

A Yes. It's hard for me to see on here what I missed.

Oh, Dodge County, of course. Can't forget Dodge. And Jefferson County.

And I do believe that was all of them. Did I name 16?

Q Is that referred as to your catchment area?

A That is our catchment area, yes.

Q And who determines the scope of the catchment area?

A We are -- we receive the counties that we will cover through the region, who works directly under DBHDD. So I would say the Department of Behavioral Health.

Q And who is your regional contact at the Department of Behavioral Health?

A The main overall contact is Jose Lopez, and JaVonna Daniels is the main contact that we talk to as far as for the children and emerging adult services.

Q I'm going to ask you a little bit now about CSBMG children and adolescent services. I'll give you a copy of an organizational chart.

A Okay.

Q This is the Child, Adolescent and Emerging Adult Outpatient Organizational Chart, and it's been numbered by the CSB starting with MG0027 and running through 34.

I'll give you a copy to look at. I have a copy for your counsel.

MS. COHEN: Sandra, if you could just email a copy to Danni, that would be great.

We'll mark it as Exhibit 868.

(WHEREUPON, Plaintiff's Exhibit-868 was marked for identification.)

(Discussion ensued off the record.)

BY MS. COHEN:

Q This is a document that bears the number stamps MG00027 through 34.

Are you familiar with this document?

A Yes, I am.

Q What is it?

A It is our organizational chart that shows the staff members who are employed within our different programs.

Q And where do you appear on the chart?

Are you in the third column from the left?

A Yes, I am.

Q The third person down?

A Yes.

Q Looking at the first page.

And who do you report to?

A I report to Lisa Montford, who is a licensed professional counselor and who oversees all of the behavioral health services.

Q I see various designations after your name. PP, CPS-P.

A Yes.

Q CA & EA coordinator, FTE.

Can you tell us what those initials refer to?

A Yes. The PP is a requirement when staff members provide direct care to individuals. And I have always maintained that in case I do need to provide direct services.

And that is a paraprofessional, and it means that I have had appropriate training on all behavioral health areas that have been deemed according to requirements of DBHDD.

The CPS-P is Certified Peer Specialist-Parent, and what that means I am a parent who has been certified through DBHDD as lived experience because I have a daughter who also has a behavioral health -- who has been diagnosed with behavioral health challenges as well.

And of course the C&A and EA is abbreviation for child, adolescent and emerging adult services.

And the FTE stands for full-time employee.

Q Understood. And then I see that Lisa Montford, who is your direct supervisor, has the initials MS, LPC, CPC5 after her name.

What does that refer to?

A That should have been the CPCS instead of five.

Q Excuse me. My eyes aren't what they were.

A The font is very small.

Yes, and that means that she has the certification to also oversee other credentialed staff, noncredentialed staff, and providing supervision.

And she is also -- the LPC stands for she is a Licensed Professional Counselor.

And MS just means that she has a master's degree as well as being licensed in the State of Georgia.

Q Now, I see after your name, moving off Montford and back to you, the initials CPS-P.

A Yes.

Q What is that?

A That was the Certified Peer Specialist-Parent --

Q Understood

A -- that I mentioned.

Q The PP is the paraprofessional?

A Yes.

Q Is that a designated State of Georgia certification?

A It is, according to if I -- if I'm practicing direct services, such as Community Support - Individual, or a case management type service, which is what I did in the past when I first obtained that credential. And for people who are licensed or going towards licensed, they also receive that same training but at a supervising trainee status. So why see the ST behind that person's name.

Q So are you involved -- what years were you involved in direct service provision?

A That was the time when I first started employment in 1996, up until I took over as being the group -- over all of the group programs. At that time I did not provide direct service care at that time.

Q Have you provided direct service care since that time?

A I also work after hours doing case management at times for youth, young adults, or also with our adult population, who are in group counseling. And that's just check-ins.

But I currently no longer do that. That was just something I was asked to do because -- well, I enjoy it and I'm pretty good at it.

Q Understood.

So let me ask you this: What kind of training did you have to become a paraprofessional?

A We had a series of online and agency required trainings which was a certain number of hours covering case management, medication compliance, suicide prevention, abuse neglect, and how to handle that. How to handle crisis situations, specific to depression in children, diagnoses that children may -- childhood diagnoses. As well as -- I'm trying to -- it's been quite a while, all of them.

As well as documentation practices, appropriate documentation practices; handle with care, which is how to handle situations if a child became out of control and in danger of hurting themselves; as well as CPR, First Aid.

And we also do training on being familiar with all the different services, service coordination, and then explanation of services.

I do believe I named them all with that.

Q And when did you go through that training?

A I went through that training -- I became a -- probably around 2006.

Q And how many hours of training were

involved?

A I do believe it's 29 hours of training. That's done through online courses, as well as 14 hours of training within -- face-to-face training.

Q Where was that?

A And that was held at our agency during the same staff members who provide our orientation services. When that became a requirement, we had all of our staff to go through those requirements.

Q So that was back in -- I'm sorry, did you say 2006?

A I do believe it was 2006 when that became a requirement.

Q And I think you said you kept your paraprofessional licensing current?

A I have kept that certification.

Q What kind of training is necessary to maintain that certification?

A Early you have to go through -- it really is crisis prevention. You have to maintain your CPR First Aid and make sure that is done yearly.

And although not required, most of the trainings that I mentioned to you, because I am the overseer, we do that training yearly through our agency. But as far as the first three that I

mentioned to you, those are the ones that are the annually required trainings, which are CPR, First Aid, crisis prevention, and documentation practices.

Q Understood.

Now, have you had any other training since you went through the 2006 training for paraprofessional licensing?

A Yes, quite a bit of training.

Not exactly relating back to paraprofessional, but I've had other staff enhancement and annually required trainings that are required through our agency, as well as to maintain trainings that are required from our accrediting agency, which is CARF. And any trainings that the Department of Behavioral Health require from us or offered to us, we always participate in that training.

Q What does CARF stand for?

A Well, I'm going to have to tell you that I cannot remember -- I do know it's the credentialing agency, and it's the facility.

So I do apologize but I can't recall it right off --

Q That's all right.

A I know most other acronyms. I'm sorry.

Q I think that gives us some idea.
A Yes.
Q Now, with respect to your direct reports, that includes Connie Smith?
A Yes, Connie Smith reports to me.
Q And what is Ms. Smith's credentials?
A Connie has a Master's degree, and as well she is also a supervising trainee -- I'm going to take a drink of water if that's okay.
Q Of course. Any time.
A She's a supervising trainee, which is -- she's working towards licensure, but she's also had the approved training and constant supervision, monthly supervision as well, in order to provide services, therapy services as well, for children through the Department of Health.
Q So she has a Master's --
A Yes.
Q -- level degree? In what --
A If I'm not mistaken, that is in mental health counseling.
Q And then she is a supervising trainee?
A Yes.
Q To get her certification for what, what position?

A She's going towards licensure, license professional counselor.

Q And then it says that she is the Apex product -- project manager?

A Yes.

Q And that is a designation from DBHDD relating to the Apex program?

A Right. She is identified as overseeing the operations of the Apex programs.

Q Now, am I reading this organizational chart correctly to say that all of the therapy staff report up to you through Connie Smith?

A Yes.

Q And are all of the therapy staff -- is the therapy that they provide solely through the Apex program, or do they have other programs as well?

A They provide for the Apex program, but when they're finished at school, they come back to our outpatient clinics. Most of them continue through Apex seeing families when the school is closed, but they also provide the outpatient services for us as well in the clinic as needed, crisis evaluation as needed, or maybe intake services as needed.

Q Looking at the Page 27, MG0027, this top

page we've been looking at, is it correct to say that all of the therapy staff provide -- listed provide services through the Apex program?

A Some of the staff on the 27, some of those staff are also -- they provide services just through our outpatient program as well.

Q Even though they provide services through the outpatient program, is it correct to say that all of the therapy staff work in the Apex program?

A Some of the therapists listed on here are not on this first page.

Q I see.

A But on the next page it's identified as Apex and AIME community-based services. So they may be listed under our outpatient but they're also listed --

Q I see.

A -- on more defined, those who just provide those services.

Q You're going to have to help me with this very complicated chart.

A I'm sorry. I will.

Q So the first Page 27 and 28, those are your outpatient services?

A Those are.

Q And the, the therapists who are in the Apex program are listed on Page 28 under "APEX and AIME School & Community Based Services" for school Year '22?

A Under 28, yes.

Q Is this chart current through July of 2022?

A Through July of 2022, yes.

Q Where is the therapy staff listed with regard to Apex and AIME?

A As far as what? I'm sorry.

Q Where is the therapy staff for Apex and AIME listed?

A It starts, if I -- where you can see Cynthia Rodgers' name.

Q Yes.

A Okay.

Q That's in the far left-hand column?

A Yes.

Q And does it run through Amber Black?

A Yes. It continues through Amber Black. It actually ends as far as the therapists under Kaitlyn Tindall, which is first person, third column on this first page.

Q Okay.

A Okay. And then I can identify the remaining if you would like to continue on.

Q Sure, sure.

A Okay. And then when you go -- follow through after page -- when it starts 28, it actually goes from Lisa Wright, who is the seventh name down on the first column, and --

Q The first column on the left?

A Yes. I'm sorry.

And you actually continue down -- I think the way this is printed out, it's kind of confusing, too.

And that will carry on through following all on that first column. And then on the second column, starting at Rachel White and continuing down to Hope -- the Hope Fowler position there.

And on the third column, it starts at Amanda Miller, and that is the seventh person, and it continues down to Amanda Kirkley. And those are the therapists.

Q And why are, why are the therapists listed in three different columns with regard to Apex and AIME community-based services?

A We have those listed because those show our providers who work out in the community, and

they're embedded in the community, if I'm understanding your question correctly.

Q I see. I see on -- for example, Lisa Wright, Johnson County schools?

A Yes.

Q That identifies the schools that she works in out on the community?

A Yes.

Q Understood.

And Lisa Montford, your supervisor, reports to Denise Forbes?

A Yes.

Q Who is the chief executive director of the CSB?

A Yes.

Q And what is her training?

A Denise is a Licensed Professional Counselor, and the MS is for her Master's degree.

Q What area is that Master's in?

A I would have to get that information. I do believe -- I know that it is in a health profession going towards licensure in order for her to be able to provide therapy in the State of Georgia, but I'm not quite sure.

Q Looking at the first page of Exhibit 868,

I see two headings: "Child, Adolescent & Emerging Adult Outpatient," and then Child, Adolescent & Emerging Adult Outpatient, Revised 7/18/2022."

A Uh-hum. (Affirmative.)

Q Can you explain to me the difference between those two charts?

A I can tell you that the revisions typically occur if we have vacancies or whenever we do critical hire for. To hire new employees usually we do a revision.

So that would mean that the chart was just revised to be able to send out a request to hire, for the critical hire, as far as it being a revision.

Q We're going to be talking about the Apex program in some detail, but can you just state quickly for the record what the AIME program is?

A Okay. The AIME, we call that the AIME program, and that was also through a grant that we received through the Department of Behavioral Health.

It is a SAMHSA grant, and it basically worked for ten of the counties that we provide services for, we were able to go out and completely go from just doing in-clinic services to being

embedded into the communities of those people that we serve because of the needs of poverty, no transportation, and the need of more resources that were identified, and we were able to go into those counties. So people don't have to come to us, that we go to them.

So that is what the AIME program is about. It's about bringing awareness, integration for the I, being able to become mobile for M, and then E is educating people within the communities on how they can access us and that we'll be there in their home town.

Q Is this a DBHDD program that is intended to provide services to rural communities?

A Yes, it is.

Q And in these communities is there a facility that you work out of, that your therapists work out of, or is it at-home services?

A Most of the time we work along with community partners, and they either -- we have to -- most of them will let us just come in and have a private place where families can meet.

It may be that the parent wants to meet at the park. It may be that the parent wants to meet at their home. And sometimes we're located at the

family connections center. So we're sort of like traveling wherever we need to go within the different communities that we serve.

Q Understood.

Now, so those are the outpatient services that you typically provide after the close of the school day?

A With the AIME program, those were for non-Apex schools. And we provide all during the day and after.

Q Both?

A Both, yes.

Q And then in terms of the outpatient services listed on Page 1 of Exhibit 868, those are the services that are typically provided after the end of the school day?

A Exactly, whatever. Yes.

Q Are those services also provided on weekends, or is it solely limited to the evenings?

A It is not. We have -- our outpatient clinic is open until 7 o'clock each night, and it's really according to the family's need. If the family needs for us to work with them on the weekend, sometimes we do events or hold different programs and opportunities for children on the

weekend.

So that is -- you know, it's really -- we are available on the weekends as well.

Q Now, with respect to the qualifications of the therapists who participate in the Apex program --

A Yes.

Q -- how many are there?

A I'm going to count them. You want me to tell you for the July time, just count for the record, or currently?

Q Yeah, that would be -- I think that would be fine. So as of July 4th, 2022, you're going to tell me how many therapists.

A Okay.

(Pause.)

A Twenty-four.

Q Twenty-four, and these are the individuals who are listed on Page 28, MG0028, starting with Lisa Wright?

A Under 0028, starting with Cynthia Rodgers and leading through the next page, yes, with Lisa Wright.

Q I see.

A And continue, yes.

Q And are there credentials listed here?
A Their credentials are listed, yes.
Q And you see Cynthia Rodgers has ST next to her. Is that a supervised trainee?
A Yes.
Q Is it supervising or supervised?
A Supervising trainee.
Q Meaning that she is being supervised?
A By a clinical supervisor, yes, who is licensed.
Q And who is our clinical supervisor?
A Rachel White, who also -- and Rachel is on the second column, and it's the sixth person down.
She provides the clinical supervision.
Q Let me just move from Cynthia Rodgers to Rachel White under therapy staff for a minute.
I see that she has, she has an LPC, which is a Licensed Professional Counselor?
A Yes, she is, and she also has the credential of being a -- it looks like it may have gotten cut off. But she also has the CPCS credential, which is that she has received the proper education to be able to supervise other therapists in the State of Georgia.
Q What does CPCS refer to?

A And that acronym -- I do know -- I may say -- not be accurate with that, but is Certified Professional Counselor Super -- Supervision, I do believe.

Q I also see next to her name NCC. What does that stand for?

A Those are additional credentials that she has, and they're great credentials. I don't -- I know that some of them are credentials she's received because she has become a trainer for certain evidence-based trainings, but I do not know what some of these stand for without referring to her list. She has a long list.

Q Why don't you tell us the ones that you do know?

A Okay. I do know that she is a trainer with the CDBT, which is dialectical behavioral therapy.

Q Is it cognitive and --

A Cognitive.

Q -- and dialectical behavioral therapist --

A Yes.

Q -- CD --

A CDBT, yes.

Q And what does BHP refer to?

A Just that refers that she's a behavioral health professional.

Q Is that a designation of the DBHDD?

A That's more or less just an agency title that she had when first coming on, employed with us.

Q And is the same true with regard to the next, C&A&EA, clinical supervisor?

A That establishes that she's the child, adolescent and emerging adult clinical supervisor.

And the FTE is the full-time status.

Q With regard to the individuals who participate in the Apex program --

A Yes.

Q -- listed here, starting with Cynthia Rodgers, to any of them have licensing or certification?

A Cynthia Rodgers has an associate license. She's going towards becoming an LCSW, which is a Licensed Clinical Social Worker.

Q It says next to Cynthia Rodgers' name, LMSW. What is that?

A Yes. And that's that she is a licensed -- going towards licensed marriage social worker.

Q And then underneath that is Amanda Miller, LAPC. What is that credential?

A And I said marriage. I'm sorry. Mental health social worker. I'm sorry. I don't know where marriage came from. I apologize.

Okay, and you -- I'm sorry.

Q I'm looking now at Amanda Miller. What is the LAPC designation?

A Licensed Associate Professional Counselor. However, now she is now licensed as an LPC.

Q So she's fully licensed as an LPC?

A Yes.

Q And of these 24 counselors, which -- who are fully licensed?

A Cindy Carmen, who is on the second column, and it's the -- it's really -- she's above the last name. And she is a Licensed Clinical Social Worker.

And then also on the first column, third from the last name, Carol Hobbs, and she is a Licensed Professional Counselor.

And I think currently we have other licensed staff, but according to the chart that I'm looking at now, those are the licensed staff that are on our team.

Q That was current as of July of 2022?

A Yes. And currently now we have an additional Licensed Professional Counselor as well.

Q Are you familiar with the field of applied behavioral analysis?

A Yes. We do have a program for our autism services.

Q That would be the third page or fourth page? Essential Pieces Autism Program, on the third page --

A Yes.

Q -- of Exhibit 868?

A That is, yes.

Q And who on this page is an applied behavioral analyst?

A Mary Catherine Vandewedge. She is a board-certified behavioral analyst.

And although not at the time, but currently we also have an additional BCBA on our team.

Q So now you have two?

A Yes.

Q And do they both work exclusively in the Essential Pieces Autism Program, or do they have other roles?

A They work exclusively with our Essential Pieces Autism Program.

Q And do they participate in the Apex

program in any way?

A As far as under Apex, no, they don't. That is a separate program.

Q Apart from the certified BCBAs who you pointed out to me in the emerging -- is it emerging pieces autism program?

A Essential Pieces.

Q Essential Pieces. Excuse me.

Apart from them, do any of the therapists participating in the Apex program have any training in applied behavioral analysis?

A They have received education and training in our staff meetings because we do see children who are both behavioral health and may have autism needs as well. So we do training, and Mary Vandewedge provides that training to our staff, and we cover areas on recognizing, noticing and being able to assist families with resources that they need.

As far as for ABA, we do have our autism program, which is a small hub, and we were asked to become a hub because there are very few, and those services are a huge wait list in Georgia, and we wanted to do our part to kind of take the pressure off of that so we could help our families, because they have to go through a lot in order to get those

services, so.

Q What is a hub?

A As we are -- I mentioned the Community Service Board is a safety net. We were asked by the Department of Behavioral Health if we would be willing to become a provider for autism services, and so we agreed to be a provider, but our program is small because -- and that's not because we want it to be small, but it's because the requirements to -- you can only serve so many children under a BCBA, and of course there is a shortage of availability in the State of Georgia.

But now we have two, so we feel blessed with that.

MS. McGOVERN: We've been going about an hour. Can we take a quick break?

MS. COHEN: Sure.

THE VIDEOGRAPHER: We are off the record, 11:12 a.m.

(A recess was taken.)

THE VIDEOGRAPHER: We're back on the record 11:20 a.m.

BY MS. COHEN:

Q Referring back to the Essential Pieces Autism Program, what autism services -- what

services are provided through that program?

A Our RBTs provide individual and through group as needed and to our families services through Mary, who is RBCA.

And I do have a list of the different services that are provided in that, but I would probably have to refer to that list --

Q So let me --

A -- if I could, because there are so many.

Q Let me distract you here for a minute, and what is RBT?

A Registered behavioral tech.

And they provide services under a BCBA.

Q Are these daytime services or after school services?

A According to the families' desires. If they want them during the day.

Some we will provide those in schools as needed. However, that would be based on if a school would allow us to be a part of that.

Q And if they're not provided in schools, are they provided in your clinic?

A They are provided in our clinic, or in the home, or wherever -- whatever the most comfortable way for the family to get those services.

Q Registered behavioral tech, is that a certification or a license under Georgia Law?

A It is a certification, a requirement that you have to be at minimum a registered behavioral tech before providing services as according to our guidelines.

Q What are the requirements to become a registered behavioral tech?

A They have to go through certain courses, and that's just one part of it. They also have to have supervision under the BCBA, and then there is a testing piece before they can become certified.

And if, if we have an RBT that comes on to work with us who is fairly new, they do more shadowing and working on with our other registered behavioral techs before they actually have cases.

Q How many hours of training is involved to become a registered behavioral tech?

A I would have to refer to our training and their training credentials. Sometimes when they come in and are employed with us, most of our RBTs have already received that. So although we get their transcripts, I would have to refer to that. I'm sorry.

Q Are you able to estimate?

MS. McGOVERN: I'm going to ask you not to guess.

A I would rather not guess.

Q Maybe you could find that out for us.

A Okay.

Q You have so many different services, I just want to ask you under the Apex services, you bill Medicaid or insurance if it's available; is that correct?

A Or managed care. The CMOs, which is under the PeachCare for Kids, Medicaid, fee for service if families have no insurance, commercial insurance, the insurances. So most any insurances are a way that we can. We do that.

Q And in the Essential Pieces program you also bill Medicaid?

A We do bill Medicaid. We have to get prior authorization for Medicaid before billing those services, and it's a process. We have to do testing and then again we have to go back and request for additional services.

Q Under the Essential Pieces program, what services are billable -- excuse me -- what ABA services are billable to Medicaid?

A Those were the ones I wanted to refer to

my list, if that was okay.

Q Sure.

A Yes.

Q Can you remember any of them?

A Um, I feel like I wouldn't -- they're very complex -- well, there are so many of them, I would just rather refer to -- I have like a list of those, if that would be okay. I'm sorry.

Q We'll come back to that.

And in the Apex program, are any applied behavior analysis services provided?

A No.

Q Why not in Apex?

A If I'm allowed, I can explain the structure.

They wouldn't necessarily have to be considered Apex. It's a grant opportunity that we had in order to help us be able to have therapists in the school, but our Essential Pieces, they wouldn't have to be classified as Apex. We would still provide any child those services.

I don't know if that -- maybe if that makes sense. Do you want me to elaborate more?

Q I think you better elaborate.

A Apex is not an actual service, it is a

grant. There is a service guideline in the provider manual, but it is not defined because at this point Apex has been funding that has been given to us, and there are services that we provide in their behavioral health services, which include individual, family, counseling, which is school-based therapy services. And also Community Support - Individual, which is also a behavioral health services.

But we are one agency, so a kid may be seen in the Apex school and they may be an Apex student, but if they needed additional services on the ABA side of thing, the autism side of thing, we're one agency, so we would coordinate with one of our registered behavioral techs, or with the BCBA, who would also provide those services, too, if they just happen to be an Apex student as well.

Q I think you mentioned that some schools permit ABA services. You know if I say ABA, I'm referring to applied behavior analysis?

A Yes. At some schools they already -- if they already tell us that they have their own staff in the schools and they -- at that point if the family is reaching out for services from us, of course we see them after school or we see them in

their home, accordingly. If the need is at home, we would see them at home.

Q Which of the schools in your catchment area that have applied behavior analysts?

A The ones that I can tell you, most of the schools will allow us to come in. So I do believe that some of the Laurens County schools have ABA staff who can provide ABA services.

In the West Laurens -- it's divided in Laurens County, and those school systems they're referred to as West Laurens schools.

Q Why would a school want applied behavioral services in the facility?

A Exactly.

Like I said, we offer those. If a child is struggling, if they're unable because they're focusing on the educational piece or maybe they've not had success, then they will allow or ask us to come in and try to assist in order for the child to by able to stay and be maintained in the school.

Most of our services are provided out of our clinic or in the home, though, because we don't want to interrupt the educational process, but we do want to be able to provide -- say if a student is getting to the point where they cannot go to school,

we don't want that to happen. We want all the children to be able to.

So if we need to come in and kind of make sure of what we're focusing on is in line with what they need at the school, that would be the case, that we would provide. But as mentioned, most of our services are provided at our clinic or in the home.

Q What issues do the schools face with the kids for whom you provide applied behavior analysis services?

A I can speak to, you know, some of them. There's many things that we get called about.

Most of the time the cases reach us because maybe they went into crisis at school, they've threatened to shoot at the school, or maybe they've threatened to hurt themselves, and a lot of times if -- they may have heard that from somebody else and they're not really wanting to hurt themselves or hurt anybody else but it's something that they're repeating, maybe watched it on a TV show and that sort of thing. So that's when we do evaluate for crisis, of course.

And if our services can help them be able to go back into the school or help us to educate an

educator on knowing, okay, you know, this is just something that they picked up, they say this sometimes, and we try to work this like a mediator and to assist on that child being able to stay at school.

So that's, that's an example of what we see. And sometimes it may be that they can't follow the rules. They may have aggression towards other children. They may be easily, easily triggered by a simple change that, you know, we wouldn't notice or an educator may not even recognize, hey, this is going to be a trigger, but indeed that is something major for a child.

If change-up, like the time they're picked up if the school bus is running late, or a different bus driver because somebody is sick. Those kind of things, you know, we do a lot of education as well for the educators working with the students.

Q Are -- excuse me.

Are these applied behavior analysis services provided only to the students with autism, diagnosed with autism spectrum disorder, or are they provided to other students as well?

A We do two. The actual services, they would have had to have been diagnosed, of course,

and had appropriate testing that showed that those services were -- that we would be approved for them.

However, we do prevention, parent support groups. So a person does not have to be involved in our services, and those are for parents, students to be a part of those.

So I guess the answer is we do prevention, and the direct services are for those who have been diagnosed.

Q And what about in terms -- are you familiar with the term "school-based mental health services"?

A I am. School-based counseling, mental health, yes.

Q That's what your agency is providing under the Apex program?

A Yes.

Q And how do you define school-based mental health services?

A The way that we -- the services that are -- that we provide in the school are related to the core services that fall under behavioral health, which means we do have the school-based counselors, but we also have Community Support - Individual workers who also are there for service coordination

purposes, if a family is homeless. Those are reasons why it would be difficult for the kid to -- that may be why they're tardy or truant.

So we have our therapists who provide individual and family counseling, group counseling. We also have the Community Support - Individuals who provide skills building, along with service coordination.

We also provide crisis evaluation services. So if a child is suicidal or homicidal, we're able to go in and assess the situation, help them if placement is needed. But if not, then we get services engaged as quickly as possible in order for the child's daily life not to be interrupted so that they can continue the education process.

We provide psychiatric and nursing. If that happens to be -- if the school or if that's -- the families want that, we have had those services provided onsite, or we have had the services of course provided through telehealth as needed for the psychiatric and nursing services as well.

Q Are the ABA services that are provided in schools for children who do not have autism spectrum disorder, are those services limited to educating?

A Only education. Recognizing some

families, they approach us and say, you know, I've had a pediatrician that told me that I need to get my child tested for autism, this is what I'm seeing.

So we typically just go in and offer education, you know, ways, if you are concerned, ways that they can access services because it is a difficult or more complex, as far as for them to get those services engaged for their child with other providers or -- so it's more as a resource linkage in helping to educate them on that.

Q You mentioned that you provide services educating the educators?

A Uh-hum. Yes.

Q Where do those take place?

A According to the school, if they reach out to us. Sometimes we have schools that reach out to us and say, can we tour your facility, can we talk to your BCBAs, can we talk to your RBTs, and see, you know, what the process is.

And we have schools that come out and they will tour our programs. They have asked us if they're having faculty meetings or sometimes the social workers may be having their regular gathering, sometimes we're asked by the principals to come in, and we just go in, and really it's a ask

us your questions and, you know, we'll provide resources and outreach.

Q In terms of the community support education that you're doing with the -- either the educators or the parents, are there specific programs that would enable educators or parents to engage in skill building?

A I may need a little bit more -- would we, after we went and provided them like information, would there be opportunities for the parents to be able to be involved in some sort of skills building? Is that what you were asking?

Q Let's start with parents.

A Okay.

Q Are there skill building programs that CSBMG offers for parents?

A We offer parent support groups, and that's how that's -- now, if their children are in services with us for treatment, then the parents do meet with the BCBA. And I know I've got to have my list, but I do know that there's family codes that can work with the families and during the assessment time to assist the families.

Sometimes they send homework home with the families as well, showing what they have been doing

in the program and help families with being able to take that into the homes as well.

Q But in terms of specific skill building programs, you don't offer those for --

A We -- we would refer them out if they wanted a specific parent support skills building, but right now we offer parent support groups.

So they would come to us and tell us, hey, could you get somebody to come and talk to us about a certain skill, and we would bring that person into the parent support group, but that would be the manner in which we would do it.

Q What topics have you offered in the parent support groups with respect to particular skills?

A It's really according to what the parents identify for us, because if we're just shooting in the dark and offer things they don't need -- because they are the experts of their children, you know. They've had their children. So some of the topics have been, how can I get -- you know, what are some good ways I can get my child to take a bath at night? Because that may be -- or my child can't drink out of a regular cup, can you help me and give me ideas of, you know, how to help with this? I can't go to the grocery store. You know, certain

sounds in the grocery store are triggering.

And those are the things they bring to us, and then we, you know, bring the skill back to them. And if we don't have the particular skill, we find somebody who does and we bring them in to the support groups.

So the support groups, we kind of run them both -- we have it more as the parents are in the control of that. They request what they want and we bring to them what they need.

Q With regard to the educators, what type -- are there any specific skill building programs that you offer, that CSBMG offers for educators?

A Most of what we offer to them, because they ask us to come in sometimes for a faculty meeting and speak for 10 to 15 minutes, most of what we do -- because it's been identified as talk with educators about recognizing and, you know, being able to help with calming down and recognizing when, you know, it's not a child being bad, it may be a child who needs more.

So those are the things that we have found very -- to be very important, to make sure that the educators are not mislabeling or seeing a child for one thing when really it's something -- different

thing.

Q Under the Apex program, do you assess children, provide any assessments of children during the school day?

A Yes, we will. We try to not interrupt the educational time, and intake is more lengthy. So we definitely to a lot of coordination with making sure we don't take a kid -- if they're struggling in math, we would not take them out of their math class.

We provide them at the school. We do them immediately after school, but it might be at the school. If they want to come before school, before the -- when they're just calling roll and some of the major things or classes, then we try to accommodate the family, and our ultimate goal is not to interrupt that educational process, especially in areas they're already struggling in.

So the answer is, yes, we will, but we definitely keep in mind as we do that that we don't interrupt and cause more problems for the child in order to get that intake assessment completed.

Q I'm just going to switch gears for a bit.

A Okay.

Q Have you -- I think you mentioned the

people that you coordinate with locally at DBHDD. Who do you coordinate with at the Atlanta office for the Apex program?

A That would be Layla Fitz -- Fitzgerald -- I'm sorry -- is over all of the Apex programs. And also Dante McKay, who is over all of children, the OCYF, which is the office of youth, children, families. I probably said that the wrong way.

And then also Danielle, and she's just been married not too long ago, but I believe it may be Williams now.

Q You're referring to someone who formerly went under the name Danielle Jones?

A Jones, yes. Thank you.

And she also is a person from the Department of Behavioral Health that we do talk to.

Q How long have you worked with Layla Fitzgerald?

A Layla -- we've been an Apex provider since 2015. I do believe it was a year or so after, when she first became employed is when I met her, and I do think that's -- that was after 2015, though. I can't remember the year exactly.

Q You're thinking that 2015 was when Apex was rolled out as a --

A Kind of rolled out, yes.
Q -- as an actual pilot program?
A Yes.
Q And that was when CSBMG first became involved?
A When we were asked to be a part of that, yes.
Q And how frequently do you speak to Layla?
A We have -- typically there's at least one monthly meeting. It's held through the Center of Excellence, who does a good bit of the training and daily gathering for the Apex programs, and Layla is always present speaking and available.

So there's that kind of communication. We do that. Most of the Apex providers come together during that time. We bring --
Q Is that a monthly meeting, did you say?
A It usually occurs that we have one monthly. There's not a set monthly meeting. We may have more than one, but just how it falls, we typically are talking with them at least once monthly.
Q And are those meetings in person or are they virtual?
A They're virtual.

Q So do you have an opportunity to speak directly to Layla, or --

A Yes.

Q -- only through the virtual?

A I have her phone contact information. She's always answered and responded quickly if there was a need.

Q So in addition to the monthly meeting for all Apex providers, how frequently do you speak to Layla Fitzgerald?

I'm just going to call her Layla because the Commissioner is also named Fitzgerald.

A Yes. Most of the time it's typically -- can I count email back and forth as well?

Q Sure. Why don't you tell me about telephone and email separately.

A Okay. Back and forth, correspondence with emails, whenever I have to submit, it's usually once or twice a month.

Now, Connie Smith, who is under me, who submits directly all of the information for the Apex programs, that could be two to three times a month that she's corresponding and sending information back and forth to Layla and Danielle as well.

So telephone contact, typically I would

have a telephone contact if I was having a struggle in an area or if I needed to reach out and say, you know, this is going on, or can you help me, or provide -- would be typically when I would call Layla, but I have not had to call her. So that's -- I don't talk to her very often on the telephone.

But during the meetings, which are typically, like I said, once monthly, there is back and forth communication, and also they ask me to speak at different conferences as well. And if I'm in a conference, I'm usually with her the entire conference.

Q I see.

A So that's kind of how the relationship is.

Q So you've developed a relationship with her over the years?

A Well, as far as professional, I think. I mean I -- professional yes. But she's very helpful whenever needed, yes.

Q And when did you first meet Dante McKay? I think you mentioned him as another individual.

A I did. I do believe Dante came on after Apex, because I do think that agency was in place when we first became Apex providers, but I met Dante when he first became employed. I think we were one

of the first providers. He was going around and he came to our facility and toured it.

Q Oh, he did? He's been here?

A He wanted to know about our program. He wanted to know everything. I mean he's been very involved at making sure that we have what is needed in order to be able to provide services and all.

So I would describe that relationship as -- I feel like he, you know, from our conversations that sometimes he'll direct other people to come and talk with us because he knows that we have the heart and we're one of the largest Apex providers.

So he will call on me and ask, well, maybe some of the newer folks, could I have a talk with them and just kind of tell them how we do things. And he's also asked me to speak at -- when we have to talk to CMOs or insurance companies about not denying for services so that we can see kids -- I happen to be a patient at one -- so he usually will call on me to speak as well from knowledge and I've been here -- I've been here since the beginning.

So I would say that would be the relationship or, you know, how he communicates back and forth.

Q Let me just be clear with the spelling

issue. I think you referred to Dante McKay's predecessor. Is that Matt Yancey, Y-A-N-C-E-Y?

A I do believe. So that's how he spells his.

Q So how many times a year do you speak to Dante directly?

A Through emails. Like back and forth, if he was emailing me directly through emails, probably I would say eight to 12 times.

If it's informational, like he's sending out information, you know, budget requests, that sort of thing, more than 12 times a year.

On the phone, maybe one to two times a year. Sometimes more because I'm also piloting another program -- one of the specialty programs. So he may reach out to me to ask me will I present to some of the different programs.

And in person, well, he -- really, before COVID, but they would come in more often, but more so it's by telephone that I talk or speak to them. In person hasn't been so much, you know, as often.

Q Let me ask you about some people from the Department of Education.

A Okay.

Q I think it's called GaDOE in Georgia.

A Okay.
Q Do you know Vickie Cleveland?
A I do not know Vickie.
Q Garry McGiboney?
A I have been in trainings that he has been a part of, and also I was at a training for continued education for being a Certified Peer Specialist-Parent, and he was a speaker at that training. So, yes, I've been in trainings, but that's the extent of it.
Q How about Matt Jones?
A Matt Jones, I'm not familiar, no.
Q Nakeba Rahming?
A No.
Q You're not familiar with Ms. Rahming?
A No, not to my -- unless I'm --
Q Cassandra Holifield?
A No.
Q At DBHDD, one more. Monica Johnson?
A Monica Johnson.
Q How do you know Monica?
A I've heard her speak. She was our -- I guess the leader over DBHDD. I know that's recently changed, but I've heard her speak at conferences. I've been on certain meetings where she's presented

as the leader, and when big changes are coming down or things that would, you know, affect with that.

I have attended trainings that she has offered at conferences, and -- I mean I've spoken with her before, but not at the point that I'm -- with Dante, Layla, and Danielle.

Q Are you familiar with the GNETS program?

A I am familiar with GNETS.

Q What is the basis for your familiarity with GNETS?

A Here in our area, typically if a child's behavior has been to the point where they cannot be in a regular classroom setting, then referrals are made to GNETS programs, and to my knowledge of that there's -- usually if a child attends that program, they either do so for certain time periods during the day. Maybe they're in mainstream classes the other, or they just attend school fully through the GNETS programs.

Q I think you said, in responding to my question, that referrals are made to the GNETS program. Who makes the referrals?

A Just to my knowledge, because I'm not an expert in that. And we're usually -- I mean we're not a part of that determination, who makes it.

But from what -- from experience of hearing, it's usually a parent may request that their child be in a different environment because maybe they're not thriving in the current environment, for whatever reason, whether it be behaviorally, emotionally.

And then, to my knowledge, the schools give that choice to the parent, but I may be wrong about that. The schools may make that referral, but typically when we're -- I guess maybe in the conversation we typically hear about it through the parent side. Like they may tell us, you know, I think my child -- I may be, you know, going to enroll them in a GNETS program, and that's the knowledge we would get at the time.

We don't have a school that's really ever came to us and told us we're going to make the referral. To my knowledge, always thought that the parent has to agree to that. And I may be wrong with that, but that's to my knowledge.

Q Have you ever been involved in -- and when I say "you," I'm really referring to the agency.

A The agency.

Q Yeah. Has the agency ever been involved in evaluating a child for referral for GNETS?

A For a GNETS program? No.

Q Have you ever visited any GNETS centers?

A During the time I was case manager, I have been. Like if I had a child that because going to a GNETS program at the time that we had day treatment, which was that service is no longer, you know, available in the State of Georgia, I have been to one of the locations.

And I've also attended meetings. If a parent has requested a meeting and they ask for us to go with them, and it's to the point of they ask me to go as well I will attend for -- with the parent.

But we always go in if the parent -- we go in as kind of the person with the parent, the advocate, the liaison with the parent, is most of the time how we are involved with them.

Q Which GNETS facilities have you visited?

A When I was a case manager, the GNETS facilities in Montgomery County for meetings. The facilities here in the Laurens County area.

And those personally are the ones that I have been, you know, been to.

Q Are those stand-alone GNETS facilities, or are they schools that offer classrooms to GNETS?

A Schools that the GNETS programs are within the schools.

Q Is GNETS more of a restrictive placement for students than is available in the schools?

MS. McGOVERN: Object to form.

If you know, you can answer.

A Well, it would be my opinion -- I mean it would be my opinion, I guess, if --

MS. McGOVERN: The thing is if you have an opinion and you have knowledge, fine. If you're guessing, not fine.

A Oh, no, it's I mean I really -- you know, from I guess just the knowledge of knowing what the child was doing and then the decision, you know, however that was made and where they ended up, it would seem like the GNETS program, the ultimate thing that they're looking at is that they can't be in the classroom where there's not as many restrictions, but they are in a classroom where there's more individual help and people involved, as opposed to what in smaller classroom environment.

But that would be from my observation of it.

Q Apart from GNETS, are there any other more restrictive placements for students in the Georgia

system?

A Some of the schools have alternative schools, but as far as like my experience with them, most of them are you go into an alternative school, you may also be attending mainstream classes for certain areas. And typically those are more associated with if there's been some sort of behavioral or something that's been done in a school that they had to get the child back to the point where they could go back into a classroom with other individuals, other peers -- their peers.

Q What are the -- what are the behavioral problems of the kids who are considered for referral to GNETS?

A I can tell you some that I've just witnessed as far as from our lens of it when we are working.

Typically, it's been aggressive behaviors, to the point that the safety of themselves or maybe the others, that they can't be in that classroom environment, or they're -- they're feeling like that child cannot be in that environment.

Also -- I'm thinking.

A lot of it stems back to if their behavior has been deemed to be they can't get their

educational needs met with a larger environment, that I'm aware of.

Q What kind of -- what kind of behaviors? Can you describe the behaviors?

A Throwing desks, hitting teachers, hurting or hitting other students, trying to hurt themselves in the classroom when upset, fleeing from the school, and unable to get them back into the classroom environment.

Um, certain classes overstimulating, and it's hard for them -- like maybe if it's a math class where they have to sit with sustained attention, and they need more and they get very frustrated, and then the next thing, they're ripping up their paper, ripping up the entire room.

And those are some of the types of behaviors that I've seen that have resorted to the placement into the GNETS programs.

Q What types of services do those students have at the time of the referrals typically to enable them to remain in school?

A Well, if we're brought on before they go into a GNETS program, we try to wrap the family with everything we've got. I mean the ultimate goal is for that child to stay in their classroom with their

peers.

So that's why we to have the Community Support - Individual workers involved as well. Because we try to do everything that we can in order to help them be able to stay in the classroom. So they may be getting therapy from our therapist.

We go in if that situation is turning into a crisis, where we try to handle it there at the school immediately to keep it from escalating, and then we try to put these interventions into place as quickly as we can so that they can maintain in their classrooms. And that's the ultimate goal.

Sometimes we're not brought into the situation or maybe that referral, maybe it's some big event in a child's life, or maybe they've moved from one area to the other, and the referral maybe has not been made to us until that's already determined about GNETS.

But, you know, if we are -- if we have that information or are already working with that child or have been asked to work with that child, then we do everything we can to of course keep that child in their regular -- in their classrooms, along with their peers and friends and stuff.

Q So when you say you do everything you can

--

A Yes.

Q -- what are the types of services that CSBMG is able to offer to keep kids in their classroom who are experiencing severe emotional or behavioral disturbances?

A We do an immediate crisis evaluation to look at the situation. We bring the family in at that time also to see, you know, is it a bad morning, is there something going on in the family. You know, sometimes it's they don't have groceries to eat. You know, the child is reacting to something in their environment.

So before, you know, we take a deeper dive to make sure because, you know, somebody may be looking at it as this child's just, again, being a bad child, but there's a lot that could be going on.

So we do that very thorough assessment at that time.

Those are performed by our clinicians, our therapists, our counselors. And if they're able to, at that point, maybe if services aren't already engaged, then we will quickly go ahead and get that intake process done, and we engage treatment with the -- most of the time the same day, because that's

important. You know, those time frames.

So we have things in place, and that's really why it's so great that we are able to be in the school because we can respond immediately, if the family is on board, of course, and we can go ahead and get things in place then.

We are providing therapy and that Community Support - Individual. We make sure that they can see our doctor, as well as have that nursing service. We're looking to make sure at the overall -- what's the medical, what's the behavioral health, and that's part of the deep dive, you know, in seeing what's going on.

And then we request for the school, can we -- of course with the permission of the family, of course, any information, but can we meet, can we meet and put a plan in place for, for the youth, for the child.

And that's how we would initiate and start those services.

We would also continue those services not only at the school, because that's just putting a Band-Aid on the problem if it's a home situation as well, so we carry that on into the home and the community as well.

Q So when you say you put a plan in place?
A Yes.
Q -- is that a behavior improvement plan --
A It is.
Q -- or is different?
A It is a, what we consider -- we call it our treatment plan, which it has goals, objectives, clear interventions on who's going to be doing what, and the family is given of course a copy of their treatment plan. And we always include their hope for future, what do you want the future to look like.

Because it's important we don't take the journey for them but we take it with them. And as I said earlier, the parent is the expert. They hold that information that may give the key information that -- as to why that child is doing something in school, and we need them to be on board with us.

So at that point, we establish that hope, what is your hope for future, what's that hope for you. We work with them. The child and the guardian is present when we're doing the treatment plan, because it is their, their goals.

And that's where we start. And the interventions will outline, okay, the therapist

needs to be doing this, the Community Support - Individual worker needs to be doing this part, our doctor needs to focus on that. But it's sort of our golden thread that runs all through their treatment.

Q These are services -- the services that are provided are provided for these kids who are too violent or behaviorally disturbed to remain in class?

A Well, I mean, that's not all. Like if it is a child that that's what's going on with them, of course we would do that. But we would do that -- we look at things throughout patient -- you know, if they just felt that child needed services to help with, maybe the parent is going through a divorce, or maybe a child is struggling because they've been in trauma -- they've been traumatized by something, or maybe it is because their behavior is so inappropriate, considered by the school, or to the point where they can't continue class, we would do that for them, you know, of course, too.

Q So for the children who cannot continue -- the concern at the school is that they won't be able to continue in class because they're so violent or disruptive, what kind of assessments or tests do you do to consider what kind of services the child

needs?

A Well, as far as -- and I just want to be clear on that. The school -- the assessments that we do is determining what treatment that they need from us. But we don't give the school information as far as them determining if that child should go to another -- you know, something outside. Because our mission is to keep them in their classroom.

Q Understood. And with that caveat, what types of assessments do you use to determine treatment?

A Okay. We do a full biopyschosocial, and we also complete a CANS, a child and adolescent needs assessment.

We also complete the pediatric Columbia suicidal rating scale for every individual we serve.

We develop not only the treatment plan that I mentioned to you but also a crisis safety plan for every family that comes through with us.

If a child -- we also complete a NOMS assessment, but that's more looking at that demographic-type information. You know, how is it going with the home -- you know, how it is going in your current home? Has there been certain issues?

So those are just really to kind of give

us a screening or information.

And we also at different stages complete a Hope assessment, which is we give that -- it's for the family to sort of assess where they're -- where they're at in their treatment.

And we will also provide a family empowerment assessment as well to sort of see where the family is.

Q Are you familiar with the term "functional behavior assessment"?

A Functional behavior assessment? I've just heard that in -- you know, as we utilize CANS, really in that capacity.

Q Do you know, other than CANS, of any functional behavior assessments are done to evaluate kids with emotional behavioral disturbances?

A The CANS is what we use. We've been asked to use that by the Department of Behavioral Health, and our assessment that -- when I refer to the biopsychosocial assessment, that is a -- it covers all the different areas that are outlined in the DBHDD guidelines for behavioral assessment, and also for -- as required by our accrediting body, which is CARF. But it is our biopsychosocial assessment.

Q When you refer to the DBHDD guidelines --

A Provider manual.

Q -- are you referring to the guidelines set forth in the provider manual?

A Yes, I am. I'm sorry.

MS. COHEN: Okay. I think we were going to try to break for lunch around noon. Does half an hour sound like it will suit everyone's needs?

MS. HERNANDEZ: That works for me.

THE VIDEOGRAPHER: We're off the record at 12:14 p.m.

(A luncheon recess was taken.)

THE VIDEOGRAPHER: We are back on record at 12:54 p.m.

BY MS. COHEN:

Q So we were talking about some of the assessments that might be used if you were called in for a student who is in danger of being removed from a school because of violence or extreme behavior, disruptive behavior. Do you remember that?

A I do.

Q Okay. And I think we were talking about different kinds of assessments and you mentioned the biopsychosocial, the biosocial assessment?

A Yes. The biopsychosocial.

Q Is that a -- was that developed by CSBMG, or is that a standardized assessment?

A Well, it is a service and I did write that. It's under the service guidelines. It is behavioral health plan, but we term it as a biopsychosocial because what it entails is all the history, all of the information, if there's ever been trauma, if there's been substance use, family dynamics, as well as it assesses for homicidal or suicidal history.

It also looks at the person's cultural preferences, what their strengths, their needs, abilities, preferences, and interpretive summary is included within that as well.

As -- it's looking at the person's medical history, psychiatric history, and any medications that the person may have taken in the past, what their school dynamics, any -- a mental status exam is also completed. They look at their learning ability. If they have cognitive issues, memory issues, attention span.

So it's a measurement in gathering information in all areas of the child's life, even including the family setup. Who has primary custody, relationship of the other family members,

identifying supports for the family.

And all that information is gathered so that there's a clearer picture for the service plan development, which is the treatment plan for the family. And also for the diagnostic impression, or the diagnostic piece, which is completed by our physicians.

Q So is this a standardized assessment?

A It is -- there's a list of requirements, but according to those requirements it is an assessment that we have.

Q And you're able to bill it as a service under Medicaid?

A Yes. Yes.

Q And what category did you say?

A Behavioral health assessment.

Q So it's covered under the DBHDD Provider Manual as behavioral health assessment?

A Yes.

Q And it is in fact a standardized biopsychosocial assessment, right?

A Right. Everything --

Q Do you know the name of it?

A As far as the service?

Q Yes.

A Behavioral health.
Q No. As far as the particular tool?
A That is not -- there's no standardized. It's just -- within the service guidelines it outlines everything.
Q I see.
A So our form encompasses -- it has all if those requirements within it.
Q Understood.
I'm going to ask you about Apex and when you first got involved in Apex.
A Okay.
Q Can you describe the Apex program for me?
A The Apex program, we were asked back in 2015 to be a part of the Apex project at the time. It was a pilot, it started out.
And of course we were very interested because we're always looking for different opportunities where we can better serve the children and families.
So when that was piloted, we were asked to start small and we were given funding in order to go in a couple of schools, but we ended up going into seven because once school systems started finding out that there were opportunities to have more help

for the kids, they would approach us as well.

And so we went into the programs. We met first with -- most of the time the different layers of the schools, which would include -- we first presented to their Board of Education, superintendent --

Q If I can interrupt you right here. I want to clarify a couple of the aspects of the Apex program.

A Okay.

Q So you were involved starting in 2015 --

A Yes.

Q -- in a pilot, and then you became one of the CSB providers in the Apex program itself?

A Yes. When I said pilot, I guess it was just the start of it.

Q The start of it?

A We've not -- we just have grown ever since and continue to add schools.

Q And the essence of the Apex program is --

A Schools -- sorry.

Q -- that the Community Service Boards, which are the safety net provider under Tier I, provide mental health services in the schools?

A Correct. Yes, ma'am.

Q And are you a proponent of providing school-based mental health services?

A I do provide school-based mental health services.

Q And do you support that?

A Yes.

Q Why?

A For so many different reasons. I think it's, it's very important that these children have the same opportunity as their peers who may be -- have not had to go through a behavioral health struggle.

We were seeing children who would have to come to us as opposed to us being able to go to them, and we loved the idea of being able to do that and help some of these children who were having to miss school because of behavioral health concerns, or maybe they were to the point where they were going to be placed out of school and by the time they could connect with us, it was almost on the back end of things, so it was too late. So we knew we would be closer and we could help avoid those children who, because of their behavioral health challenges, were struggling in the educational setting.

Q And was that one of the problems that DBHDD sought to address through the Apex program?

A One of the biggest -- you know, when it was coming out that the excitement was that we could help these children not have to miss vital educational time and be able to be a part of that and be able to go into the schools and become just another face, where to take away that stigma that's associated with behavioral health so many times, and, you know, make it where it's a comfortable outreach for a student to not be embarrassed to come to the Apex provider or to reach out and to know how they could find help.

And that's pretty much how it was.

Q From your perspective at CSBMG, did the Apex program also make it easier for your counselors to work with educators and teachers at the school?

A Yes. And I will say even before Apex, we had, at the capacity that we could, we knew that was the need and what we needed to do. So we had an easy transition into Apex because we already, you know, would try to --

Q Now, I'm going to interrupt you just because we're going to be here for a very long time as it is.

MS. McGOVERN: Stick to the questions she asked.

Q Try to focus. And I'll ask you at the end if there's anything else you need to tell me, but -- if your lawyer would allow it, but -- so let's just try to focus on the question.

So the question was, did it make it easier for your counselors to work with educators and teachers?

A Yes.

Q Now, in terms of the funding for Apex services, my understanding is it comes from at least two sources?

A For the -- could you say that again?

Q Let me get into it a different way.

The essence of the Apex program was that it provided funding for the CSBs to provide infrastructure to build a school-based mental health partnership; is that right?

A Yes.

Q So CSBMG receives a payment directly from DBHDD for services in providing the infrastructure?

A Yes.

Q And those services include things that cannot be billed for through Medicaid or through the

DBHDD provider manual?

A Yes.

Q And what are such services?

A Children who have no insurance, children -- at the time you cannot bill if a teacher has a student that they want to see if they're appropriate for services, if they're not yet an Apex student, we can't bill for that time.

Also, for children who are struggling in the social aspect of things, having summer camps, when there's holiday having opportunities where they can participate in a nonbillable activity such as that.

Youth services, if there's a family who is struggling, maybe they're in danger of being homeless, then we can have a little bit of help and being able to -- maybe if they needed an identification to help them get a job or those sort of things.

So -- and those are all nonbillable. Transportation.

Q And does the infrastructure funding also allow you to work with the school administration?

A As far as for like providing additional educational or prevention measures --

Q Yes.
A -- and such? Yes.
Q And does that include working with different -- are you familiar with PBIS?
A Yes.
Q What is that?
A The systems at some schools have in place that is based on their behavior and helping them to be able to stay in school and they have different interventions and measures and activities and promotional items, pep rallies, and that sort of thing, to encourage students.
Q Is that known as Positive Behavioral Interventions --
A Yes.
Q -- and Supports?
A Yes.
Q And that's a Department of Education program?
A Yes.
Q And do all of the schools in the Apex program provide -- have Positive Behavioral Interventions and Supports in all the schools you work with?
A To my knowledge, most of them do have

those.

Q And that's a, a three-tiered model?

A Yes.

Q And the three tiers are Tier I, the universal tier; is that right?

A That's right.

Q And Tier II, which is an introduction to more intensive services?

A Yes.

Q And Tier III, which is what?

A If I'm recalling, that's where the different services and interventions and all that may be -- would involve like --

MS. COHEN: Do you want to stop and take a lifesaver?

THE WITNESS: Let me drink water.

MS. McGOVERN: Or make it cooler in here. Whatever will make you more uncomfortable.

THE WITNESS: I'm sorry. I think I'll be okay.

MS. McGOVERN: If you want to turn the air down, that's okay.

(Discussion ensued off the record.)

THE WITNESS: Sorry about that.

BY MS. COHEN:

Q In what way does the three-tiered model of PBIS facilitate the work that CSBMG does pursuant to the Apex program?

A Well, I can just give an example that we do work along with the schools in offering prevention, offering those services for those kids who need additional assistance in order for them to be able to go to school and maybe that eventually without our help they could just depend on the support through PBIS.

Q So what are the Tier I services that the CSBMG counselors typically get involved with?

A On Tier I, individual and family therapy, counseling services, crisis evaluation, behavioral health assessment, and service plan development, as well as community support intervention, and psychiatric and nursing services, along with diagnostic services as well.

Q Are you referring to Tier I or to Tier II? Or Tier III?

A I'm sorry. I was referring to Tier I of the Apex. I'm sorry.

Q You're referring to the top of the triangle --

A Yes, I am.

Q -- the most acute level of services?
A Yes, yes.
Q And what services are provided at the bottom triangle, Tier I or universal?
A Okay. Prevention. We do sources of strength, which is suicide prevention, and also it relates to embedding or implementing a peer support structure, finding those people that you can go to for help.

We also do suicide prevention within the school systems. Any kind of education that is requested of us during parent/teacher meetings, during parent PTO meeting, parent/teacher meetings, such as that. There's also open house. We present and offer outreach.

We do pep rallies, and also offer summer mini camps. And for, you know, people who just want to come out, we may do something on building confidence or building self-esteem, and that would be available to anybody, with the students.
Q In terms of the Tier I services that are provided, this is the universal bottom tier of the triangle?
A Yes.
Q In the schools, during the school year,

what kind of services are provided around expectations for behavior?

A As far as expectations? Um, really and truly, we stay more broadly on like prevention or advocating -- focusing on your strengths in order for behavioral improvements and such.

But as far as things that would actually change a child's -- like how the school determines if they can be in a classroom or not, we, we don't provide that, if I'm understanding you correctly.

Q Do you provide the -- do you have support for assemblies where students are instructed generally on the expectations of the school with regard to behavior, such as be courteous, be respectful?

A We do a lot of that on our own. We set up -- like it may be videos, educational for the students, tabletops for the cafeteria. We do a lot of that on, you know, being your best self, and with sources of strength identifying, and that's what a lot of that work is done through that program where we're putting the positives out there for students in order to improve their behavior.

But as far as the school, you know, connect to that, it's typically we initiate that and

we're doing that but it's not per se along with a PBIS program, if that makes sense.

Q Yeah. Do any of your counselors sit on the PBIS Tier I team at the school?

A No.

Q How about with regard to Tier II, do any of your counselors sit on the Tier II team?

A No, they don't.

Q How about at Tier III?

A No.

Q All right. We're going to look at some exhibits now, and then we're going to return to some of the other topics we've been talking about this morning, but I do want to get these marked and through them.

MS. COHEN: The first one is, we'll mark it as Exhibit 869. It is an email from Tonya Spaulding to Nakeba Rahming, copying Marnie Braswell, dated April 27th, 2016, and we have marked it with identification No. GA00041440.

(WHEREUPON, Plaintiff's Exhibit-869 was marked for identification.)

BY MS. COHEN:

Q I'll pass that to you, Ms. Braswell.

MS. COHEN: I'm sorry, counsel, I thought

I had extra copies.

MS. McGOVERN: That's all right.

MS. COHEN: Danni, you get a copy?

MS. HERNANDEZ: Not yet.

MS. COHEN: Sandra, would you please email it to Danni.

MS. LeVERT: I sent it, Fran. It just takes a minute.

MS. COHEN: Thank you.

MS. HERNANDEZ: Thanks, Sandra.

BY MS. COHEN:

Q Why don't you take a minute to review it and then I'll ask you some questions.

(Witness reviews exhibit.)

A Okay.

Q This is an email from Nakeba Rahming to Tonya Spaulding, dated April 27, 2016.

Now, April 27th, 2016, according to the chronology you've given us, was about a year after CSBMG became involved with the Apex participation, right?

A Right, yes.

Q And who is Tonya Spaulding?

A She no longer works with us. She was an Apex therapist in the Dublin City school system.

Q So do you believe that she, at the time that you received this email, she was working for CSBMG in the Dublin City schools?

A I would have to check because before that she was our team lead for our intensive family interventions program, but we -- during the time Dublin City schools were some of the first schools we started Apex in. So she would have been fairly new during the 2016, because that was the -- you know, we had just started up.

So, yes, she probably had made the transition then, but I would have to check a date to accurately give you that.

Q And the email says: Hi, Tonya, I'd like to come out and meet your group and hear about how you're providing support GNETS program in your local school district via APEX. Can you please send me a few dates..."

And then Tonya writes back, cc'ing yourself and Connie Smith, and says: "I have discussed this with my team and we have the following dates available: May 2nd, May 3rd, and May 4th."

Do you recall receiving this email at the time?

A Honestly, I don't recall this email. But, I mean, I'm not saying I didn't. I see my name on there, but I don't recall it, and I don't have any access to any of the emails because --

MS. McGOVERN: You just need to answer if you recall.

A I don't. I'm sorry.

MS. McGOVERN: That's fine.

A I'm sorry, I don't.

Q If I told you Nakeba Rahming was employed by GaDOE and involved in GNETS, does that refresh your recollection at all as to a request to schedule a meeting at that time?

A No, it does not.

Q I'm going to show you another email.

A Okay.

MS. COHEN: We'll mark this one as 870. It is an email sent on October 17th, 2019, to a list of recipients, and the subject is "Follow-up from All CYF Consortium."

(WHEREUPON, Plaintiff's Exhibit-870 was marked for identification.)

BY MS. COHEN:

Q Why don't you take a minute to read it.

MS. COHEN: And, counsel, I do have a copy

for you.

The Bates number -- thank you, Wanda -- the Bates number is GA00129208.

(Witness reviews exhibit.)

BY MS. COHEN:

Q Have you seen this before?

A 2019? I'm not -- I just don't recall, but I -- I can't recall, no. But obviously I did.

Am I answering --

MS. McGOVERN: Just tell her if you remember or not. That's fine.

A I can't remember it directly, but I can speak towards it.

Q You believe, you believe you received it?

A Yes. I mean I'm not --

Q Thank you.

What is the All CYF Consortium?

A That is the office of children and families, which is the department for DBHDD.

Q My question is, what is the All CYF Consortium?

A Oh, I'm sorry.

Q If you look at the subject line on the first page, the subject is "Follow up for All CYF Consortium."

A That would have most likely been just a meeting where we had a conference, where we came in and they presented information or we talked about Apex schools in a setting with Department of Behavioral Health and the Center of Excellence, which are the data gatherers.

Q Where were those meetings? Where was that meeting held?

A Hum.

Q Was it typically held at DBHDD, if you remember?

A Sometimes. But sometimes if it was overnight, it may be held in like a conference center. I can't particularly remember where this one was held, but I could tell you that I have been to meetings at Two Peachtree for meetings, and then sometimes at a conference, or before a conference. They would have meetings where we would come before a conference and all the providers would get together in that capacity.

Q And was it the practice at Apex to get all the providers in once a year to receive information from DBHDD and the Center for Excellence?

A Yes.

Q And the information that's referred to as

an attachment here is the Apex Evaluation and TA_Year 5_CYF. Do you see that?

A Yes.

Q And was it the practice every year to present an evaluation?

A As far as them presenting an evaluation, are you speaking of -- can you make that more clear?

Q Yes. The Center for Excellence was tracking certain information for DBHDD in connection with the Apex program, right?

A Yes.

Q And it was the practice for the Center for Excellence to present annually with respect to the evaluation and assessment for the year, right?

A Yes. That's true.

Q Do you believe this email relates to one of the evaluation, annual evaluations --

A Yes.

Q -- and assessments?

A Yes, I do.

Q And this email is from Danielle Jones, so I believe you said it was someone you met with from time to time?

A Yes.

Q And it is an email that concerns All CYF

Consortium, and it says, quote: "This e-mail serves as a follow up to some of the questions you all asked about school types, private insurance, etc."

And then: "Also attached is the PowerPoint on Year 5 TA from COE."

TA is technical assistance, right?

A Technical assistance, yes.

Q And do you recall attending the All CYF Consortium and questions were asked about which school types Apex services could be provided to?

A I can't speak to that particular date because I can't recall from that, but I am familiar with this information, with some of the information in here.

Q So the information you're familiar with is what types of schools were eligible for Apex services, correct?

A Correct.

Q And it's listed here in the left-hand column Apex schools, public schools is the first; public schools that had a GNETS program; or certain public charter schools?

A Yes.

Q And do you recall over the years of your -- of the agency's participation in the Apex program

that those were the types of schools that were eligible for Apex services?

A In speaking of the ones that are listed on here?

Q In left-hand column?

A Yes.

Q And the non-Apex schools were private schools, GNETS standalone programs, private charter schools, home schooled students, and cyber public school? Do you see that?

A Yes, I do.

Q And was it your understanding during all the years that CSBMG participated in the Apex program that those schools were excluded from eligibility?

A Um, I can say that when it was first rolled out to us. If I'm able to elaborate on this?

Q Yes.

A Because my understanding was that there was already, you know, tension, lawsuits, whatever, between -- I do believe the Department of Education and GNETS programs, and for us, you know, we were not getting involved in that, and that we could serve students but we did not need to be housed in the programs as far as -- you know, with the Apex

schools, as far as being housed in a GNETS program. That was a standalone type.

Q Now, I'm looking at the line of this chart in the non-Apex schools, and it says non-Apex eligible schools are, quote: "GNETS Standalone Programs - education facility that only holds a GNETS program; they do not align with the Apex model of reaching students in all 3 Tiers of service."

Did that govern the eligibility criteria during the time that CSBMG has been involved with Apex?

A No. We, we serve children. We serve children if they're not covered under Apex. We can cover them under our outpatient services.

Q No. I'm asking a different question.

A Okay.

Q Just to be clear --

A Okay.

Q -- I'm asking about what you could to through the Apex program, and is it true through the Apex program, during the years that the agency you worked for was associated with it, you could not provide Apex services to those GNETS standalone programs?

A Well, we didn't consider we had any of the

standalone programs. So I see it here and I knew it, but it didn't really like affect anything with our services and all.

So, I mean, I don't know if that's an accurate enough answer or not, but that's kind of how we were.

Q You didn't -- weren't involved with the standalone centers in any way?

A Not to my knowledge. All the schools -- because we were asked and we gave a description of how we served kids in each one of -- each capacity, and we were not given any information that we were doing anything, you know, wrong or whatever, if that's what -- if that's the consideration. But --

Q No. This paragraph that I'm looking at with you says, following the semi-colon, "they do not align with the Apex model of reaching students in all 3 tiers of service."

Do recall discussions at any DBHDD meetings or with anyone from DBHDD of GNETS standalone programs not aligning with the three-tier service model?

A I read this, this paragraph now, but I do not recall --

Q No. I'm still in the chart, in the

left-hand column --

A Okay.

Q -- in the entry relating to GNETS standalone programs --

A Okay.

Q -- on Page GA00129209.

Do you see that?

A I do. And I can, I can tell you that whenever providers have asked when I've been on, it was most likely like the discussion of this. It's more like let's put it on the parking lot and we'll get more information back to you.

So I feel like that is what this was in follow-up. Like people, providers had questions, and they were asking about it, and so there was a follow-up to define more about questions that were asked that maybe they were checking in with somebody before they gave us further information on that.

Q Okay. And looking at the paragraph that is below the box chart, do you see that?

A I do see that.

Q And it says: "GNETS students - Apex funds are in large not allowed to be used for GNETS students due to GNETS programs being funded through a grant through the Georgia General Assembly. Apex

funds are also funded through the Georgia General Assembly. A student would be 'double dipping' if they received both GNETS and Apex funds, and this is not allowed."

Was that your understanding of the DBHDD position during the years that CSBMG participated in Apex?

A Honestly, I didn't look at it as how it's specified here, like quite as -- I know what it says here, but, you know, as I mentioned, because of the setup and how we were doing things, nobody ever said we were doing -- we served kids and that was our basic mission. If a kid needed help, we served them, and that's --

Q Let me ask you this.

A Okay.

Q Has CSBMG ever had a partnership with a GNETS standalone center?

A No. We've been, we've been asked before if we would have additional staff years and years ago before Apex, because they had a staff shortage, but we did not. We just took the stance as we do it all. We provide services. We do that as a Community Service Board, but we're not housed in, in the facilities like that.

Q Whereas for public schools served by the Apex partnership, CSBMG did provide services housed in the school facility?

A Well, I -- my explanation of that is, and you can see on our organizational charts, we were available to the schools, as we are available to, you know, anybody who needs our services. But most of these schools, I mean we were providing therapy maybe in a closet sometimes if there wasn't any room.

So we provided the services. We were there in the schools, but if according to -- because we're in a rural area. According to our setup, we may be at one school and then it's minutes away from another school, and we provided mental health school-based services for those kids who had been identified as needing those.

That's sort of how our structure is, in order to cover the number of schools that we cover.

Q So through the Apex partnership, space was provided to you of uneven quality in different public schools?

A Well, it's just according if they had a classroom. I mean we've had schools that give up their own office because it's so important for them.

They'll, they'll go and do something else and let us use their office because of confidentiality, and of course we always have to make sure that we have confidential areas to see students.

And some schools, they to have room, but some of these schools, they don't have room, and so we don't really have a place to lay our head. I guess you could call us the -- like nomads. We go where we're needed and we go to them, but as far as just money in a place, we don't really operate like that, but we're still covering and we're available at the capacity that is needed for the schools. Maybe we're just structured a little different.

Q How many schools do you have partnerships with?

A Sixty-one schools within the 16 counties that we serve.

Q And have you had schools approach you for partnerships that you've been unable to serve?

A There's been no school that came to us that we didn't have a therapist start and go in and see kids at their school that I can recall.

Q No public school?

A Public school. Speaking of public schools.

Q So you've been able to provide -- find a provider or a counselor to work in each of the public schools that have approached you for purposes of -- from the Apex partnership?

A Yes. Some of the schools, as mentioned, are very small, or they're very rural, but anyone that has approached us, we've embedded ourselves and went in and partnered and helped them to the best of our abilities that we were able to.

Q And have there been schools that you have approached that you're discussing partnerships with right now?

A Like I have -- I went to them and asked them about a partnership now?

Q Yeah.

A None that I can think, because we're in all of the schools. We cover all of the schools.

Q You cover all of the schools in your 16 counties?

A Within the 16. If you remember from earlier, I mentioned AIME. So at the time if the schools weren't covered by Apex, we covered them under our AIME funding, which was two counties: Treutlen County, Montgomery County.

And now we're trying to -- because that

grant opportunity is over, but we are admitted in that school -- we're trying to transition that over as well under Apex.

Q So you right now have or are working on having a partnership with each of the schools in the 16 counties to provide Apex services?

A Yes, we do.

Q And I think you mentioned that there are two standalone GNETS centers in the 16 counties?

A Well, I don't know if -- did I say that earlier, that there were two standalones?

Q Actually, I may have mischaracterized your testimony. I'm sorry.

Are there any standalone GNETS centers in the 16 counties?

A As far as what would be considered, and just I'll be honest in my interpretation of it, as far as staying still -- or standalone schools, to my knowledge, all the schools are connected with the GNETS programs.

Q I see.

A Yes.

MS. COHEN: I'm going to mark as Exhibit 871 a copy of an email from Layla Fitzgerald to various addressees, including Marnie Braswell,

dated March 5th, 2019, and having the Bates-stamp GA03176699.

I'll put a sticker on that.

Can I take your copy and sticker it.

(WHEREUPON, Plaintiff's Exhibit-871 was marked for identification.)

BY MS. COHEN:

Q This is an email you recall receiving on or about March 5th, 2019?

A I do remember this email.

Q This is an email in which you were asked by Layla Fitzgerald to provide information regarding the status of the Apex GNETS collaboration?

A Yes.

Q And you were asked: "Are any Apex programs still collaborating with standalone GNETS programs? If yes, which ones? Names of Apex programs collaborating with GNETS programs embedded within the main school building?" And the "name of the schools?" And also the "names of Apex programs collaborating with GNETS programs located on school grounds?"

And do you recall making a reply to that email?

A Either Connie Smith or myself replied,

but, yes, we did reply to it because it was -- because when they asked us about it, I do believe there's additional where I thought it was 2020, that the email where they had asked us about our participation.

But, yes, I do remember having a conversation with Connie, and I checked -- we went back over the schools, and to the best of my recollection we answered this and responded back to them.

Q What was the reason you responded back to them?

A Well, because they had asked us the question. We just responded back with the information.

Am I answering that? Did I misunderstand you? I'm sorry.

Q No. I think you got it.

A Okay.

Q Did you do anything to prepare for this deposition?

A No.

Q Did you have any conversations with counsel --

A I'm sorry, I didn't know this.

MS. McGOVERN: Let me get us on track here.

Don't talk about anything we communicated about, but we discussed -- you can discuss documents that you reviewed and things like that in preparing for the deposition.

And I want you to remember to answer things that you know, but I don't want you guessing. Okay?

THE WITNESS: I'm not. Can I make something clear about something? Do I need to ask you?

MS. McGOVERN: Let's go off the record if we need to do that. If you need to talk, we can take a quick break.

THE VIDEOGRAPHER: Off the record at 1:44 p.m.

(A recess was taken.)

THE VIDEOGRAPHER: We are back on the record at 2:00 p.m.

A I just want to clarify.

Q You want to clarify something after talking to your counsel?

MS. McGOVERN: Just she wanted, about your last question about prepping. She didn't

understand your question.

A I thought had I already prepped on these 2019 emails, and I have not prepped on any of those.

No, I was not trying to say I didn't meet with counsel.

Q You did meet with counsel?

A Yes.

Q And counsel prepped you on email?

A No. No. That's what I was answering your question, thinking you were talking about this email.

MS. McGOVERN: You may wish to ask how she prepared for her deposition, I guess would be the better way to go.

MS. COHEN: Excuse me?

MS. McGOVERN: She didn't understand your question.

BY MS. COHEN:

Q Did you review any documents in preparing for the deposition?

A Yes.

Q And did it include email?

A No.

Q What did you -- what did you review?

A Just the information that -- how -- what

to, I guess, expect. To not being nervous. And we went over a -- a lot of it was to make me feel --

MS. McGOVERN: We're not going to discuss communications because you're bound by attorney-client privilege.

I can maybe help move this on by saying she reviewed each and every document -- not each and every. But all the documents that were produced by CB -- CSB Middle Georgia.

BY MS. COHEN:

Q And did you learn that there were certain emails between CSB and DBHDD that the United States was interested in --

A No.

Q -- during the prep?

A No.

Q All right. I wanted to go back and ask you something else.

A Yes.

Q Which is, you said that kids -- one of the problems kids were having was that they were having to leave school? That one of the services, that CSBMG services were devoted to trying to keep kids in school?

A Um, well that was just a statement that we

want to help them so they wouldn't have to leave school.

Q And why would they have to leave school?

A If a child was wanting to kill themselves, they wouldn't stay in school. They would of course -- if they weren't able to deescalate, would have to leave to be assessed, but we're able to do that in the school.

Q So if a child -- a child wouldn't necessarily have to leave school because they couldn't deescalate from violent behavior?

A No, they wouldn't necessarily have to leave school because of violent behavior, no.

I guess I was just given information on things when asked my understanding of it was, what kind of -- you know, what we do, and I was explaining we try to help kids be able to not have their education interrupted and not have to leave school.

Q Why would -- why would they have to leave school?

A If they became violent and hurt themselves or someone else, I would -- whatever according to the school. Discipline measures I guess would be -- but that's my guessing.

MS. McGOVERN: I'm going to instruct you to not guess. You are here a CSBMG rep, not the school rep for DBHDD.

So please give any information you know that is responsive, but do not guess about what other entities may or may not do. I think there's a lot of guessing going on.

A So our mission is to try to help kids be able to stay in school and get their behavioral health needs met.

Q So what are the reasons that kids have to leave school?

MS. McGOVERN: Object to form.

If you know the answer, you may answer.

A I can't. I can't say.

Q Have you heard of kids being asked to go to a more restrictive placement?

A Can you restate the question in a way that --

Q Sure. Have you heard of kids who were in the public schools who were placed in a more restrictive placement? I think you said earlier that GNETS would be considered for them?

MS. McGOVERN: Objection to form.

A Yeah, I think the way I answered that was

--

MS. McGOVERN: Just answer her question now, if you're able to.

My objection stands as to the form of it.

A Okay. I cannot, I cannot answer that.

MS. McGOVERN: She asked what you heard. Have you heard rumors? Is what she's asking.

Make sure you understand the question.

A I get information from the parents, like I mentioned earlier. If the parent comes to us and says my child's going into the GNETS program because I don't think that they can be in a regular school setting, then that's where I get that information from. And --

Q Did the parents tell you whether or not there are supports in the regular school setting to keep a child who engages in disruptive behavior?

A No.

Q Are you aware of any supports in the regular school setting to keep a child who engages in disruptive behavior?

A We are called in, or made to -- if a child has a behavioral health need or in order for them to be assessed.

Q And I think you gave me a list of the

assessments that you used?

A Yes.

Q Are there any other assessments that are used that you haven't mentioned today?

A No.

MS. McGOVERN: By CSBMG?

MS. COHEN: Excuse me?

MS. McGOVERN: By CSBMG?

MS. COHEN: Yes. That she's aware of.

A No.

Q Let me show you another email, which we can mark as exhibit -- what is it? 872.

(WHEREUPON, Plaintiff's Exhibit-872 was marked for identification.)

BY MS. COHEN:

Q I think I showed you the last email and you still have it in front of you, which is 871.

MS. COHEN: That's fine. She can keep it in front of her.

MS. McGOVERN: You need the number? You got the number?

MS. COHEN: I have the number.

BY MS. COHEN:

Q And 871 was an email dated March 5th?

A That's correct.

Q And then I'm going to show you 872, which is an email -- sorry -- an email from you?
A Okay.
Q Dated March 5th, 2019, at 10:45 p.m.?
A Okay.
Q And it is to Layla Fitzgerald with a cc: to Lisa Montford and Connie Smith.
A Okay.
Q Is that an email that you sent -- I'm sorry -- on March 5th, 2019?
MS. McGOVERN: Go ahead and read it.
(Witness reviews exhibit.)
MS. McGOVERN: Do you have an extra copy?
MS. COHEN: I don't.
MS. McGOVERN: Did you read it?
THE WITNESS: Yes, I did.
BY MS. COHEN:
Q Is that a copy of an email you sent on March 5th, 2019, to Layla Fitzgerald?
A Yes.
Q And was that in reply to her earlier email that we've marked as Exhibit 871?
A Yes.
Q And you were working late?
A Yes.

Q And you responded to the questions that she had asked previously, quote: "Are any Apex programs still collaborating with standalone GNETS programs? If yes, which ones?"

And your answer was?

A No.

Q And was that accurate as of March 5th, 2019?

A To my knowledge, yes.

Q And then you were asked, quote: "Names of Apex programs collaborating with GNETS programs embedded within the main school building(s)? Names of the schools?"

And your response was?

A Dodge County schools, that the GNETS is embedded into their school system.

Q And you -- is this your writing, quote: "GNETS is embedded in the Dodge County School System. Some students are mainstream students who also attend GNETS classes"?

A Yes.

Q "We collaborate with the Dodge County School System but we do not have a therapist that is housed within the GNETS program."

Was that accurate as of that time?

A To my knowledge, yes.

Q And then you go on to say: "We have always tried to abide" -- quote: "We have always tried to abide by what Dante advised concerning the GNETS Programs."

Is that your language?

A Yes.

Q And what had Dante advised concerning the GNETS programs?

A As I mentioned earlier, that we serve kids but we weren't housed in the GNETS programs.

Q My question, you referred to advice given by Dante. Was that advice given in person or by email?

A Most -- I, I don't recall. Trainings, I know for sure.

Q In trainings?

A Yes.

Q What did Mr. -- and you're referring to Dante McKay, the head of OCYF at that time?

A Yes. If I heard him speak that, then --

Q So when you refer to Dante right here in this email, you are referring to Dante McKay of OCYF?

A I am.

Q And the email says: "We have always tried to abide by what Dante advised concerning the GNETS program."

Were you referring to advice that Dante gave to you concerning the GNETS program?

A Information that was given to all providers, yes.

Q And what was that information?

A As I mentioned a few minutes ago, we're not housed in GNETS programs but we can continue to see kids who attend the GNETS program, and with our current setup, and that's -- that's basically it. That's what I was referring to.

Q Such that you would not consult with the GNETS standalone school?

MS. McGOVERN: Objection to form.

You may answer, if you can.

A To my knowledge, we had no standalone ones to my knowledge. So, yes, I was answering to that, because we weren't dealing with that, to my knowledge.

Q And DBHDD is an important source of funding for your organization, right?

A Any form that backs our kids is important. So, yes.

Q Then it goes on to say: "Names of Apex programs collaborating with GNETS programs located on school grounds? Names of schools?"

And you say?

A I said none on here.

Q Was that your answer at the time?

A At the time it was, but --

Q Was that accurate at that time?

A To my knowledge, yes.

Q So at that time, according to your knowledge and what you told to DBHDD, you were not aware of any Apex programs collaborating with GNETS programs located on school grounds?

A Yes, as a standalone. My answer was on the second billet of what I felt pertained to us, our situation, and that was my understanding, yes.

Q So when you refer to the second bullet, you're referring to your answer, "GNETS is embedded in the Dodge County School System. Some students are mainstream students who also attend GNETS classes. We collaborate with the Dodge County School System but we do not have a therapist that is housed within the GNETS program"? Yes?

A Yes.

Q So is it an accurate summary of the

information that you provided on March 5th, 2019 that the only collaboration that CSBMG had through the Apex program with any GNETS program or facility was collaboration with the Dodge County School System, which had a class -- which had GNETS classes?

A To my knowledge, yes.

Q And is this -- does that continue to be true today?

A Um, as far as -- I would have to refer back to data to give an accurate response, but we get referrals all of the time and there are different schools that -- I would have to look in order to give you that accurate information.

Q Are you aware of any other schools that have GNETS classes --

A Yes.

Q -- where you collaborate with the GNETS teachers?

A Um, that I am aware of GNETS schools being embedded in other school systems, then my answer is yes to that, as I said.

Q My question is whether you -- do you participate in any way with the GNETS teachers?

A Only if a parent asks us to come in or if

we're serving a child and they go into the school to see the child and maybe confer with a teacher at that time. That would be the only time. I mean those would be the instances.

Q Let me ask you this: When you go into schools, your counselors go into schools in connection with students who are disruptive or violent, do the counselors sit and observe in the classrooms?

A Are you asking do our Apex counselors --

Q Yes.

A -- sit and observe --

Q Yeah.

A -- in the classrooms?

Q Yeah.

A Not to my knowledge. I wish we could have that time.

Q You do, right? You sit --

A I mean I'm just saying we don't have that, no.

Q You don't have that?

A No, we don't.

Q Why do you wish you do?

A Well, I was just making light, which I shouldn't have. Lots of time but we don't have lots

of time. So I was --

Q Do you think there would be any benefit to the work your counselors do if the counselor had time to observe in the classrooms?

MS. McGOVERN: Objection to form.

A I would be giving my opinion on that.

Q So what is your opinion?

MS. McGOVERN: If you have one, you can give it.

A I mean we can always use additional time, period, to have more bodies in this work. So for -- whether it be to be able to observe or have more time to serve a child, then, yes, that's my opinion of that.

Q And it's also your opinion that it would be beneficial for the children -- for the counselors to be able to observe the interaction between the teacher and the child?

MS. McGOVERN: Object to form; calls for speculation.

A Um, for -- I guess in the way I'm -- if it's involving to assist or help a child, whatever that may be, would be necessary, I think, to be able to do, in order to help them get their needs met.

Q I think one of the people you supervised

is a certified behavior -- applied behavioral analyst?

A They are.

Q And has she told you that as part of applied behavior analysis one component of it is to observe the interaction between students and teachers?

A She has not shared that with me. As I mentioned earlier --

Q Were you aware of that?

A Was I aware that our folks were observing in the classroom?

MS. McGOVERN: Make sure you understand the question before you answer.

Q Let me read it back to you.

Are you aware that as part of applied behavior analysis, one component of it is to observe the interaction between students and teachers?

A No. Not in that capacity, no.

Q Are you aware that there are certain tools of applied behavior analysis called shaping, where a teacher is trained to shape the interaction with the student such that the student can make progress, notwithstanding their violent or disruptive proclivities?

A No.

MS. McGOVERN: And I -- start to object. We're getting off the 30(b)(6) scope here.

MS. COHEN: This is an individual.

MS. McGOVERN: It is but she's not a clinician. So we're still getting off the scope of what she would be able to testify to.

MS. COHEN: She's offered in clinical services, and training.

BY MS. COHEN:

Q Are you the one that does training in applied behavior analysis?

A No.

Q That's Ms. Hedgewood? You attend that?

A Vandewedge.

Q Vandewedge?

A Ms. Vandewedge, yes.

Q You attend them, right?

A Do I attend them? I am -- I do.

Q Yeah.

A Listen.

Q Now, there came a time I think when you were wanting to justify a request for the budget to Ms. Fitzgerald.

Let me mark this as 873.

(WHEREUPON, Plaintiff's Exhibit-873 was marked for identification.)

BY MS. COHEN:

Q Have you had a chance to look at it?

A Not completely.

(Witness reviews exhibit.)

A Okay.

Q Is this a document that Connie Smith prepared?

A I'm unsure if Connie or myself prepared this.

Q One of the two of you did?

A Yes.

Q And was this to justify the budget that you had submitted to DBHDD?

A Yes. It was a budget proposal narrative to them.

Q And it described the personnel who were to be included in the work that CSBMG would do?

A Yes. It was our hopes of the levels that we would be able to hire for those positions.

Q And under Personnel it says: "4 licensed Professional Counselors"?

A Yes. That was our hopes of being able to hire.

Q And did you ever provide four licensed professional counselors?

A No. We present to them the counselors, but we have not had four licensed professional counselors.

Q How many licensed professional counselors have you had?

A At this time, we have four.

Q And how about in 2017? 2018, during fiscal year 2018?

A Two, who -- two at that time.

Q And then it says "LAPC."

What is that?

A Licensed Associate Professional Counselors.

Q And did you provide three -- did CSBMG provide three Licensed Associate Professional Counselors during fiscal year 2018?

A No. Equivalent to, up to LAPC.

Q But not LAPC?

A One LAPC.

Q One LAPC?

A Yes.

Q And what were the other individuals provided? What was their certification or level?

A Master's level, working towards licensure. Or bachelor's level in a Master's program working towards license, licensure.

Q And what is the designation LAPC stand for?

A Licensed Associate Professional Counselor.

Q That's a specific designation?

A Yes.

Q And the individuals you were providing, aside from one, did not meet that certification level?

A That's correct.

Q Was DBHDD aware of that?

A We submit those, the staff to them, each year. Yes.

Q So they knew?

MS. McGOVERN: Objection to form.

Q Did they reduce the amount of compensation that went to CSBMG under this proposal?

A I would have to refer to what we actually received in contract.

Q Now, the next bullet refers to two Masters level staff to provide screening, access services, individual and family therapy, crisis evaluation, group counseling, and mental health suicide.

Do you see that?

A Yes.

Q Did CSB -- this proposal was ultimately accepted; isn't that right?

A Um, yes. It's accepted as what we work towards, yes.

Q And it was accepted by Dante McKay to pay the amount that you have laid out in this budget, right, $347,880 for fiscal year '18?

A I can't say if it was approved by him or who approves the overall.

Q It was approved by DBHDD?

A Okay.

Q Is that correct?

A Um, to my knowledge, yes. We made a proposal and received funding.

Q Did you provide two Masters level staff?

A We do have more than two Master's level staff, but as listed here we were unable to meet that at those particular schools. We added additional schools. So there were that many staff that have been hired according to the organizational chart.

Q So -- I'm sorry. Were there two Masters level staff available as described in this proposal

to provide screening, access services, individual and family therapy, crisis evaluation, group counseling?

A Yes.

Q And after you added additional schools, did you add additional Masters level staff?

A Masters level or equivalent or above, whenever we could.

Q So my question is, after you added additional schools, did you add additional Masters level staff?

A We were able to hire those staff, yes.

Q When was that?

A I would have to refer back to records. I can't recall that for a certain date.

Q So you can't say whether or not in the fiscal year 2018 you were able to hire two additional Masters level staff to service the additional schools?

A Um, not without referring back to --

Q Not as you sit here today?

A Yes.

Q And then there's a reference to a project manager to oversee Apex staff --

A Yes.

Q -- provide oversight, provide public awareness, attend collaborative meetings?
A Yes.
Q For 20 plus community partners, et cetera. Do you see that?
A Yes.
Q And did you provide a project manager?
A Yes.
Q Now, what -- there's a reference here to providing -- I think the way the work is described in this proposal, screening, access services, individual and family therapy, crisis evaluation, group counseling, and mental health. What is SA?
A Substance abuse.
Q Oh, thank you.
Mental health, substance abuse, suicide prevention awareness, education and training to students, parents and school personnel and outreach to community partners at 174 -- I mean at 17 schools.
A I guess I was following --
Q I was reading the top line.
A Oh, the top.
Yes, that's what's on here.
Q Then going down to the bottom line of this

first box, it says in bolded italics, that text in bolded italics, quote: "CSBMG will match in-kind 100% (salary + fringe) for Apex scheduler; 100% (salary + fringe) for 8 Community Support Individual for each school; and staff member to manage all Apex authorizations."

Did you provide that?

A Yes.

Q Now, with regard to the work of the project manager, there's a reference to fidelity measures?

A Yes.

Q Complete fidelity measures and invoices for Apex project?

A Yes.

Q And who was in charge in fiscal year 2018 of completing fidelity measures on behalf of CSBMG?

A Connie Smith.

Q And did the fidelity measures relate to individual therapy?

A Yes.

Q What was the individual therapy and which was -- what was the individual therapy on which fidelity measures were used?

A From my recollection, we had to provide

the number of services in each school that were provided to students, and the number of intakes, and that would include the number of kids who came in for each of the different services.

MS. COHEN: We'll just take a five-minute break.

THE VIDEOGRAPHER: We're off the record at 2:31 p.m.)

THE VIDEOGRAPHER: We are back on the record at 2:37 p.m.

BY MS. COHEN:

Q 872, we marked as Exhibit 872 an email from Marnie Braswell to Layla Fitzgerald, and this is, this is the email where you responded to Layla and it had the language that we quoted from you that's shown in the lighter type on 872?

A Yes.

Q It's the email from March 5th, 2019?

A Yes.

Q We'll put that back.

And then we can refer to 873, which is the one you have in front of now, which is the budget proposal we were discussing, which bears the Bates No. GA01660177.

A Yes.

Q Now, with regard to Exhibit 173 -- I mean 873, the term "fidelity measures" is using -- is used?

MS. McGOVERN: Where are you referring to?

THE WITNESS: I thought I answered that already.

Q You see where it is?

A Yes, I know where it is.

Q Okay. And fidelity measures was something that was discussed back and forth between you and DBHDD over time, right?

A Yes. There's forms that we complete and give that data and information.

Q So according to your understanding, fidelity measures relates to the completion of forms with regard to services provided?

A Not entirely.

Q What else does it refer to?

A Just understanding what those measures are about.

Q Fidelity measures is a term that you hear from time to time in connection with the provision of mental health services?

A Yes.

Q What does it mean?

A Fidelity measures means -- well, ensuring that the person who is served or the people who are providing the services are doing so at the expectations that have been outlined and for the best care of the patient in our terms, fidelity measures, and we meet that or not.

Q Are you familiar with the term "evidence-based practices"?

A Yes, I am.

Q You've been --

A Some, yes.

Q You've spoken in favor of the use of evidence-based practices in mental health?

A Have I spoken to that? Um, as far as if I've told people what we offer, yes, I would say we offer evidence-based practices.

Q So, for example, you spoke at the Carter Center and said that your organization uses evidence-based practices?

A Yes.

Q Is that in connection with the treatment of these violent or severely behaviorally disturbed kids that we've been talking about?

A If it's a person who has bean -- when I say we provide evidence-based practices, we provide

those to any of the people we serve, whether if they are violent or not.

Q Including the violent and behaviorally disturbed kids?

A Yes, if that's the way --

Q And what are the evidence-based practices provided to the violent or behaviorally disturbed kids?

A According to what their therapist, in working with them, and according to what may be the issue that they may be having, is whatever evidence-based practice that that therapist may use. It may be cognitive behavioral therapy, or it may be behavior modification, or it may be DBT, mindfulness techniques.

It may be that there has to be Trauma Informed Care before they reach to a different one, because if there's trauma involved and such.

It would be according to the therapist and the family.

Q Well, once the -- are you saying that once the family and the therapist agree on an approach, the therapist selects an evidence-based technique?

A Yes, they would.

Q And then a fidelity measure is applied to

the evidence-based technique by your team?

A I would need more explanation on how you're intending for that.

Q So an evidence-based service is provided in connection with individual therapy, and for individual therapy you've named some of the types of treatment modalities, such as behavior modification, cognitive behavioral therapy, dialectical behavior therapy, right? Those are the evidence-based practices?

A Yes.

Q And what steps are taken by each therapist to report regarding fidelity measures?

A I can't answer that question.

Q You don't know?

A I can't answer that particular question for them.

Q But in any case, when the fidelity measure language is used here in Exhibit 873, you understood it to be referring to measures to use of ensuring that treatment conformed to evidence-based practices?

A Fidelity measures in many different areas is the way I understood it, like what the expectations are. So that's my understanding.

Q You understood fidelity measures as it's used in Exhibit 873 to refer to the implementation of evidence-based practices?

A Evidence-based practices or whatever intervention is needed to help the child excel, if that includes other services. So a combination of that, yes.

Q I don't think you got my question exactly, so let me try it again.

A I'm sorry.

Q You understood in connection with Exhibit 873 the use of the term "fidelity measures" to refer to the implementation of evidence-based practices when evidence-based practices were used by therapists?

A Yes.

Q And do the therapists always use evidence-based practices, the counselors for CSBMG?

A Yes. We, we ask them to always try to use evidence-based practice. Yes, we do.

Q And so how do they report -- do you ask them to report on the fidelity measures they use?

A They complete a progress note, documentation, as far as reporting how many they used. If that's the way you're asking that in

context, no. It's just within what we lay out for them to utilize, evidence-based practices when providing services.

Q So I think one of the evidence-based practices that you mentioned was DBT?

A Yes. We have certain steps --

MS. McGOVERN: Let her continue. She just asked one question.

THE WITNESS: I'm sorry.

Q And is DBT one of the evidence-based practices with respect to which CBS -- CSBMG provides fidelity measures?

A Yes, one. Yes.

Q And what are they?

A I --

Q What fidelity measures are used in connection with DBT?

A I think I don't understand what you're asking in the capacity of, because we don't report that directly on the --

Q But do you --

A -- reports.

Q Do you use fidelity measures to evaluate the therapies that are provided?

MS. McGOVERN: The entity or her

individually?

MS. COHEN: Excuse me?

MS. McGOVERN: The entity or her individually?

MS. COHEN: Oh, the agency.

Q My understanding is you're not providing therapy at all?

A I'm not. No, I'm not.

And the way that we show that in fidelity measures would be, I would say, we maintain supervision forms, where they have received that supervision and training on utilization of the different modalities.

Actually going in and seeing that would be looking at partner's notes and viewing those and auditing those, which we do have an auditing process in place with our agencies.

So those would be the ways that we would ensure, and we are audited by, by the Georgia Collaborative Beacon Hill through the Department of Behavioral Health, to ensure that we are utilizing those fidelity measures when providing individual or family therapy.

Q What are the fidelity measures?

A I'm -- I'm not -- I can't answer that.

Q You did refer to reviewing progress notes?
A Yes.
Q Who does that?
A The licensed person who does clinical supervision. Rachel White does supervision and monitors progress notes --
Q So she --
A -- of individuals.
Q -- reviews all the progress notes --
A She doesn't --
Q -- for mental health services?
A She doesn't enter -- she doesn't review every progress note but a sampling, and she also provides that supervision. And when an employee has just started, there's a certain number of days that they are monitored by our licensed folks as well, that provide that supervision.
Q Let me ask you this: Do you think -- and actually you've been called on by DBHDD to provide training, you the agency has been called on by DBHDD to provide training to other agency -- to other agencies who are starting in the Apex partnership or who have questions about how to do it, right?
A Uh-huh. (Affirmative.)
MS. McGOVERN: You need to give a verbal

yes or no.

A Yes. As far as just how it looks for us, as far as how we're structured. Not on fidelity measures.

Q So do you think that the -- as far as you know, is the access to applied behavior analysis that your agency provides to the Apex program typically applied behavioral analysis that is provided by other agencies in that program?

A I answered that earlier, that our ABA is not within the Apex program. If you're asking me about Apex.

Q Okay. I am asking you about Apex.

A Okay. And it's not. As I said earlier, our ABA is a separate program.

Q So is that pretty typical, do you think, of the agencies in the Apex program?

A I would be just giving an opinion, and I don't know if I thought about that.

Q I'm just asking about the extent of your knowledge.

MS. McGOVERN: If, if you know, tell her.

If you don't know --

A I don't know.

Q What about, do you have any knowledge of what other agencies do in terms of fidelity measures?

A No.

Q What kind of benefits have you seen from school-based mental health services?

A Children meeting their goals, children graduating from school, children who have had write-ups and disciplinary action that they've been able to have a decrease in that, and children who have been traumatized, that they can get the help they need to be able to move past that, so it's not interfering with their educational process.

Q So you think it's been helpful to provide school-based mental health services?

A Yes.

Q And you've been able to staff 70 schools?

A Sixty-one.

Q Sixty-one. Excuse me. 16 counties, 61 schools?

A Yes.

Q And if you had additional funding, would you place additional counselors in the school, do you think, in the schools?

A Yes.

Q If you had funding for applied behavior analysts and could find applied behavior analysts to hire, would you deploy those services to assist in kids who are having trouble remaining in school because they have disruptive behavior?

A Yes. And whatever, whatever they would need.

Q Now, are some students that your counselors consult to referred to higher level of care from time to time?

A Speaking of from the mental health world, yes. Sometimes they have to be referred to a higher level of care.

Q Does the higher level of care include short-term crisis stabilization?

A Yes.

Q And how about extended residential treatment?

A Very few cases of them -- of children being referred to residential settings.

Q Not more than one or two in the years since the Apex program has started?

A I'm sure --

MS. McGOVERN: Object to form.

A Yes, there's --

MS. COHEN: Excuse me. I didn't hear you.

MS. McGOVERN: I said objection to form.

A It's been more than one or two, but I would think from recollection that it's less than 20 since 2015.

Q Students are also referred to GNETS sometimes?

A Yes, sometimes children are referred to GNETS.

Q And when that occurs, does your agency track the number of -- track the students who require this higher level of care?

A We do not track as far as the educational piece or count GNETS into what we count as higher level of care.

Q Higher level of care is something that is defined by DBHDD, right?

A To my knowledge, that's where I've gotten my knowledge about higher level of care from, yes.

Q And a hire level of care for DBHDD means short-term crisis stabilization or extended residential treatment, right?

A Well, there's other options as well.

Q What else?

A Which is intensive customized

coordination.

Q Which your agency has just been awarded?

A Yes.

Q Congratulations.

A Wraparound services. And also Intensive Family Intervention services, and those are along with what you said, with acute crisis stabilization, and partial hospitalization, which is PRTF, residential.

Q So for your students -- your consumers who are referred to a higher level of care, such as short-term crisis stabilization, or extended residential treatment, or IC3, does the agency track those students?

A As far as tracking goes, if a child goes into -- if they're in acute crisis, yes, we ensure and provide services immediately as they come out of the hospitals, helping them to go back into the schools. The same way with PRTF.

Q Is that part of the Apex program?

A That's part of all of our services that we do that.

Q And as part of the Apex program, does your agency track the number of disciplinary referrals per month for the total population of the schools?

A I would have to refer to -- Connie Smith does all of that part of the data gathering. So I would have to refer that.

Q Do you know whether the counselors track office disciplinary -- do you know what an ODR is, office disciplinary referral? You're familiar --

A Yes, I've heard that term. Yes.

Q Do the counselors track ODRs for the students they work with?

A I would have to refer to get more details to be able to answer that question.

Q Well, we'll come back to you and maybe we can provide -- get it provided in some expeditious form.

But that's something that's contractually required by --

A Yes.

Q -- DBHDD?

A I know that -- yes.

Q And do -- for each of the 61 schools, do you have someone participating in a minimum of one status update per principal each academic year?

A Do we have -- can you say that again?

Q Yes. Do you have -- do counselors or someone from your agency meet with the principal

every year with the 61 schools you're involved with?

A Either the counselors -- well, the counselors and the project manager as well.

Q And do you use telemedicine?

A If requested by the families, we do use telemedicine.

Q Do you use it for applied behavior analysis?

A We have not yet had to utilize it for ABA services.

Q What are the evidence-based practices that are implemented by a telemedicine?

A That would be the services that fall under the behavioral health, which are -- and I would have to refer back to individual therapists to give you exact, but that would be DBT, with mindfulness, cognitive behavioral therapy, behavioral modification, and most likely more but I would have to refer to give you additional information.

Q And are fidelity measures used for those services?

A Yes.

Q So talking about the issues that you've identified that put a student at risk for GNETS, I think you said aggression, behavioral outbursts,

property destruction, like throwing desks, right?

A Well, those were just cases that -- I can't say that's what refers them or gets them to there, but in recalling cases that I have knowledge of.

Q Those are behaviors that would put the students at risk of referral to GNETS?

A That I have recalled from past cases that have resorted to that, yes.

Q And do you consider these problem behaviors to be severe mental health issues that would require treatment?

A I would say that -- I mean if I had to give specifics on the ones that I'm talking about, that there -- in those cases there was behavioral and there had been a diagnosis of mental health disorders as well, because they were of course seeking out our services or either already in our services.

Q So did you consider whether the problem behaviors to be the product of a severe mental health treatment -- severe mental health issues?

MS. McGOVERN: Objection to form.

A Because we don't make those referrals to the schools, so I'm just talking about what I have

observed from students.

Q So let's -- let me just be clear.

A Okay.

Q I'm talking about behaviors, the types of behaviors that you've observed that put the students at risk of referrals to GNETS or more -- or any more restrictive placement. Are those behaviors related to the mental health diagnosis of the students?

A I can't speak to why they actually do a referral to GNETS.

Q No, no. I'm not asking --

A Okay.

Q -- about why they do the referral. I'm asking about why the students do the behavior.

Do you think it's a product of their mental illness?

MS. McGOVERN: I'm going to object to the form to the extent it's outside her level of qualification.

If you're able to answer, you may.

A Okay. We can go to the next question then.

MS. McGOVERN: You need to tell her if it is or not. You have to give that answer.

A Only from my observations can I answer --

Q Okay.
A -- that.
Q That's all anyone can ever answer.
A So I am not qualified to, to answer that question.
Q Do you have an understanding that disruptive behaviors are related to mental health issues?
MS. McGOVERN: It's starting to get into expert-based testimony with someone who is not represented as an expert witness, and we still do have the 30(b) attachment to the most recent depo notice. So --
MS. COHEN: Are you directing her not to answer?
MS. McGOVERN: No, no. I'm directing --
MS. COHEN: Then let's just keep moving because I just want to get to the end.
MS. McGOVERN: Well, that's fine, except to the extent you're seeking an expert opinion, based on a clinician's point of view, I'm going to instruct her not to answer that because she's not here today as an expert witness.
MS. COHEN: Well, then -- so you're -- I didn't even know if she was a clinician. Are

you calling her a clinician?

MS. McGOVERN: I'm saying she's not a clinician.

You're asking her for expert testimony.

MS. COHEN: No.

Q I'm asking you if the mental health disorders that your clinicians that you supervise, counsel regarding, do you think that they're related to the behavior -- disruptive behavior evidenced by the students?

A I would refer that to their clinical supervisor to give you the accurate answer that you would need in that situation.

Q You don't know either way?

A It would be because I'm not a clinician. I feel that would be more not in line with...

Q Who provides the clinical supervision then?

A Rachel White.

Q You don't provide the clinical supervision?

A No, I don't.

Q Is it one of the goals of the Apex program to provide for early detection of children and adolescent mental health needs?

A If you can ask me that again. I was in thought.

Q That happens to all of us.

Is it one of the goals of the Apex program to provide for early detection of children and adolescent mental health needs?

A As mentioned, most of what we do is prevention work, in the areas that I disclosed as prevention work. So with hopes of being able to educate on identifying for early intervention.

Q And is it also one of the goals of the Apex program to increase access to mental health for children and youth?

A Yes.

Q And also to increase coordination between community mental health providers and their local schools and school districts?

A Yes.

Q And the result that you all hope for is that there will be a reduction of children and youth with unmet mental health needs?

A Yes.

Q And there will be fewer discipline referrals?

A Yes.

Q And increased academic performance?

A Yes.

Q How does the academic -- how did the discipline referrals relate to the mental health services provided in the Apex program?

A If there is a discipline referral and that child is referring services or they're referred for services, we would address the behaviors that have resorted to them for it to go outside the scope and to become a discipline referral, and that would be our part in the situation.

And we do report those and they do report that piece on the monthly.

Q Do you think mental health services that your organization provides reduces the number of disciplinary referrals?

A Yes, to my knowledge.

Q And does it also increase academic performance?

A Yes, to my knowledge.

Q So given the goal of early detection of children and adolescent mental health needs, what procedures do you use to identify students with severe mental health needs?

A We do, as far as if a child is identified,

we do an assessment, which is our intake assessment, which includes the biopsychosocial assessments, the CANS assessments, gather a history of the family, a diagnostic assessment is completed by our physician, and then the determination is if that child would benefit from outpatient services at that point.

Q As part of the process of early detection, do you use any data? Do you collect data?

A Not to my knowledge, as far as what is required from us by the Apex program -- or the Apex reporting.

Q I'm not sure I understood your answer.

My question is, as part of the early detection of child and adolescent mental health needs, do you collect data?

A No. Only the data that we provided to you, when asked in the beginning to provide that.

Q You mean the intake and the CANS?

A Yes, and the assessments that we submitted.

Q Have you heard that data collection can be helpful in identifying students who are at risk of serious mental health issues?

A I think that would be one piece of --

Q Why? Why would data collection be

helpful?

A And that is just my --

MS. McGOVERN: Object to form.

A Yes.

MS. COHEN: Excuse me?

MS. McGOVERN: Me? I said object to form. If you are able to answer, you may.

A Okay. It would be one of the pieces in order to identify trends in order to help students, yes.

Q So, for example, if one of your counselors were to go to a school and observe the interactions between a teacher and a student, do you think that would be helpful --

MS. McGOVERN: Object.

Q -- in detecting mental health issues?

MS. McGOVERN: Objection to form.

A I would feel more comfortable if our clinical supervisor would answer that, on how they feel.

Q In a typical elementary school, how many students are served through Apex?

A I would have to refer to Connie Smith, our program manager, to answer on data, as far as numbers in each school.

Q Can you give me an approximate percentage?

A I would rather get a number, because there's so many schools, I wouldn't want to misquote. So I would rather have that information --

MS. McGOVERN: And I will instruct you not to guess.

A Okay.

Q Well, are you aware for any of the middle schools how many students are served by Apex?

A The same, I would want to refer for Connie Smith to report, since she does collect that data.

Q What are the types of services that are listed in the DBHDD manual that CSB of Middle Georgia might provide?

A Individual therapy, family therapy, group counseling, Community Support - Individual, crisis evaluation, service plan development, behavioral health assessment, psychiatric services, nursing services, youth peer support - group/individual, youth peer support - individual, parent peer support - individual services.

Q And is it fair to say that in connection with those services, the agency only provides evidence-based treatments?

A For the individual and family therapy services. That's who provides the evidence-based trainings -- not trainings, I'm sorry. Evidence-based services.

Q So the categories you're giving me are Medicaid to link categories for services?

A Yes. I understood that as the services that would provide -- that are in the provider manual, yes.

Q And only evidence-based practices are used?

A We provide services according to the provider manual, evidence-based services for individual/family therapy, as mentioned.

Q So in terms of data collection, if you looked at the frequency of disciplinary events by students, would that be helpful in detecting mental illness?

MS. McGOVERN: Objection to form.

A Yes. I just feel like some of these questions would be great if you asked our clinical supervisors and the therapists who are in the school.

Q And if you -- do you think if you collected data with regard to the time at which a

student engaged in disruptive behavior, that would be helpful in identifying an appropriate method of treatment?

MS. McGOVERN: Objection to form.

A I think it would be better answered by one of the different -- those who are providing services in the school.

Q Do you use any schoolwide screening for mental health issues?

A The only screenings that we use are the ones that I've earlier mentioned.

Q What's the frequency of the services that a typical Apex student with disruptive or violent behavior would receive?

A It's based on the need, and once determined by the therapist, the doctor, as well as the family member, with certain services having a minimum number of times to be seen monthly, but it's always based on the need of the student.

Q So what are -- what are the services that have a minimum number of times to be seen?

A Well, according to the provider manual, Community Support - Individual, a minimum of twice monthly.

And for all other services, it's based on

the need of the individual served, to my knowledge.

Q Do you have any students who receive individual therapy five times a week?

A No.

Q Do you have any --

A Not to my knowledge.

Q -- students who receive individual therapy once a week?

A Some students.

Q Is it all students receiving individual therapy?

A All of the students in the Apex program? Some of the them may finish with therapy and step down to the Community Support - Individual services.

Q But for students who are receiving individual therapy as part of the Apex program --

A Yes.

Q -- what is the common frequency?

A It's based on the need of the individual served.

Q So you're not able to say whether -- what the most common frequency is?

A It's based on the individual's needs. We don't try to fit them in our box. We do what's needed for them.

Q How long would the average student served through Apex remain in treatment?

A After they finished Apex? Is that what you're --

Q How long would they remain in the Apex treatment, the average student?

A It would be based on their progress and the need of the services. So, again, we don't put a number on that. It's based on the individual's need.

Q You don't get averages?

A As far as -- we base it on the individual needs and on their treatment plan, what the overall, just anticipated discharge would look like for that individual.

Q Let's look at a monthly progress report.

I'm going to show you what has been previously marked by CSBMG a document with the Bates Nos. MG001708 through 2079. And I'm going to -- and this bears the letterhead, Center of Excellence for Children's Behavioral Health, and I'll ask you if this is what you fill out every month as a monthly progress report?

MS. McGOVERN: You mean the agency or her personally?

MS. COHEN: The agency.

A The agency does.

MS. COHEN: I'll mark that as Exhibit 874.

(WHEREUPON, Plaintiff's Exhibit-874 was marked for identification.)

BY MS. COHEN:

Q This is a report that your agency provides on a monthly basis?

A Yes.

Q And who is responsible at the agency for providing this?

A Connie Smith and her team.

Q And do you review it?

A I do not review these.

Q Have you ever seen this form before?

A I have seen this form before.

Q So you're familiar with the categories?

A Yes. I can -- yes, I am.

Q Let's see if we can just go over what the setup is.

If I look at Page 1712, there's a reference to the Community Service Board of Middle Georgia?

MS. McGOVERN: This one is not Bates-stamped -- oh, here.

BY MS. COHEN:

Q Do you have 1712?

A I do.

Q And there's a reference to the Community Service Board of Middle Georgia, and then how do you pronounce the next word?

A Ogeechee.

Q Ogeechee Division?

A Yes.

Q That's in 2017 you merged with the Ogeechee?

A Yes.

Q And so some of your documents are labeled Ogeechee Division?

A Yes -- well, yes, yes, they are.

Q The format of these documents is that every month responses are submitted to the Center of Excellence by CSBMG on behalf of the various elementary schools served?

A Yes.

Q And what is -- it says that the date this report was submitted was May 14th, 2021.

Do you see that?

A Yes, I do.

Q What is the data that it reflects?

A The data reflects April data and this is the day that the report is actually submitted.

Q Okay. What is the purpose of this report?

A To report this data back to the Center of Excellence, to gather information on students and what services that they are provided, and to also discuss different outreach that is provided to the community or the school.

Q So looking at Page 1712, it looks like the services that are provided to the Blakeney Elementary School are provided to the third, fourth, and fifth grade?

A Okay. Yes.

Q How long have you been in that school?

A I would have to -- to get an accurate date, but we merged around 2017.

Q So since the merger?

A Yes.

Q And I can --

A It was after the merger that we actually got it back -- we had to meet with the school to get back into that particular school, after we merged and took over the Ogeechee sites.

Q What do you mean to get back in?

A At the capacity of having staff in the

different schools. Because they were a separate CSB at that time. We were not. We had no knowledge or how they were operating at that time.

Q So had you been in there previously?

MS. McGOVERN: By "you," do you mean Ogeechee or do you mean Middle Georgia?

MS. COHEN: Thank you.

Q The original agency.

A The original? I don't know about that because I don't have any knowledge of that.

Q What did the meeting consist of?

A Meeting with the superintendents, explaining the services, talking to them about our merger so that they understood what that was about, and that we would be present, and talking to them about the services we could provide.

Q And they were glad to welcome you as part of the Apex services?

A They did allow us to come back into the schools, yes.

Q And looking at Objective 1d, indicate the number -- this is on Page 1714.

"Indicate the number of Tier 2 school-based mental health services provided (including screening, evaluation or treatment)at

Blakeney Elementary from Community Service Board of Middle Georgia - Ogeechee Division, by service type - in the reporting period."

So this is a list of the services that were provided in the April reporting period for this report?

A Yes.

MS. McGOVERN: You need to verbally --

A Yes. Well, I was looking. I'm sorry.

MS. COHEN: Why don't we take a quick break. It will give me a chance to get organized for the rest of the afternoon.

THE VIDEOGRAPHER: We're off the record at 3:25 p.m.

(A recess was taken.)

THE VIDEOGRAPHER: We are back on the record.

We're back on the record at 3:37 p.m.

BY MS. COHEN:

Q I think when we broke we were looking at Exhibit 874, which is the monthly progress report, and you have that in front of you?

A Yes.

Q Now, let's go through the various sections here just to make sure that we both recall how it's

set up.

So I'm going to direct your attention to Page 713.

Do you have that in front of you MG 7 -- MG001713?

A Okay, yes.

Q And the first section relates to objective No. 1, which is Access. And the agency certifies that it delivered direct billable services to Blakeney. Do you see that?

A Yes, I do.

Q And then in the instructions, the note, it says: Identify the number of unique students who received school-based mental health services at Blakeney during the reporting period.

A unique student is the actual number of students who received school-based mental health services, and what was that number for Blakeney Elementary School?

A Eight.

Q And then looking at Pages 1715 to 1716, do you see that it lists all of the services and indicates how many services were billed -- how many instances were billed for each service?

A I do. Yes.

Q And you're familiar with this form?
A I've seen this form, yes.
Q I mean this is, this is how your agency reports to the Center of Excellence --
A Yes.
Q -- what kind of treatments you've been providing through Apex?
And looking at 71 -- 1716, it asks about the number of behavioral health services provided in Tier III in the school setting?
A Yes.
Q And with regard to behavioral health Assessment, the answer is zero?
A Uh-hum. (Affirmative.)
Q So does that reflect that at Blakeney Elementary School there were no services, no Tier III behavioral health assessment services provided in that month?
A That's what it would indicate, yes. Behavioral health assessments, yes.
Q And no diagnostic assessments?
A That's correct.
Q And with regard to psychiatric treatment, there were three instances of psychiatric treatment?
A Provided in the school, yes.

Q And one provided at a public community provided --

A Yes.

Q -- provider?

For a total of four services?

A That's correct.

Q Four psychiatric services?

A That's correct.

Q And do you know what the psychiatric services were?

A They were provided by a doctor who provided oversight, checked on their well-being as far as their behavioral health needs, prescribed medication if needed, and oversees their mental health services.

Q So did this doctor come face-to-face with this student at the school?

A In this particular school, if it was indicated, yes, we do have the doctor see them in the school.

Q And then it says that there were 10 Community Support Individual Services provided in the school?

A That's correct.

Q And what are those?

A That is skills building and service coordination.

Q What type of skills?

A Whatever the deficit is or the -- what the child needs to work on, if it's from forming new habits, helping with coping skills. Also with social aspects, service coordination, resource linkage, according to the needs of the students.

Q Are the -- are there specific skills programs that you use, your agency?

A We utilize behavior -- a behavioral workbook, we call the CS-I toolkit, that our staff are trained on. And it covers all of the areas within the service guidelines.

Q And then there were zero instances in the individual --

A I would be -- for that, I would have to actually see the time period, but I would say that that's because we had a staff member who probably resigned.

Q Are you able to say from this document?

A It would be better reported by Connie Smith, who completed this documentation at that time.

Q Okay.

A She would be able to answer that quickly.
Q And there were zero group outpatient services provided?
A That's correct.
Q And zero family outpatient services provided?
A Yes. For the same as I mentioned, most likely staff retention.
Q Now, if I can direct your attention -- if I can direct your attention to Page 1724, but before I do that, I just want to ask you, with regard to the skills program that you mentioned, is that a home grown program or is that a manual --
A It's a -- it's being implemented by a consultant, Pat Miles.
Q Moss?
A Miles, M-I-L-E-S.
Q And is Mr. Miles' certification licensing?
A It's a Miss, and I would have to refer -- because she does consulting work, but that's also through the Department of Behavioral Health that we have access to the consultant. So they would be able to provide that information to you.
Q What is her area of expertise?
A I would feel better if you could gather

that information from DBHDD.

Q Do you know at all what the agency uses her for?

A Yes. For teaching service coordination and family engagement.

Q Let's go to Page 1724.

Do you have that?

A I do.

Q Okay. What school does this relate to?

A Give me just a minute to look at that.

(Pause.)

A Burke County High School.

Q And where is that located?

A In Waynesboro, Georgia. In Burke County.

Q Is this one of the Ogeechee Division schools that you took over in 2017?

A It is.

Q And looking at the access on Page 1729, do you have that in front of you?

A Yes.

Q And do you see Objective 1 access?

A Yes.

Q And it counts the number of unique students who received services?

A Yes.

Q And there were 12 students?
A That's correct.
Q And Burke County is a school of about 1,000 students?
A I would have to refer to their website to give you that accurate number on that.
Q But, in any case, there were 12 students who received services?
A Yes, that's what it says.
Q And what was the time period?
A Hold on just a minute, please.
Reported on 5/14/2021 for the April 2021 period.
Q And these students received zero behavioral health assessments?
A That's correct.
Q Is there a diagnostic assessment?
A That's correct.
Q And zero crisis intervention services?
A That's correct.
Q Is that pretty typical of the schools?
A No. This school is the same as the one we just talked about. Blakeney is also Burke County school. So most likely I do not. I would have to refer back, but it's because we did not have a

therapist in that school, as to why no individual and family therapy services.

Q It does refer to economic treatment?

A Yes.

Q Where were those services provided?

A Those were provided through telehealth services, and it says at our clinic.

Q So this is where a doctor, medical doctor, actually participated via telehealth in providing these services?

A Yes.

Q And then certain service were referred to the community provider?

A Yes. There was a community provider at that time in the school, but most likely no therapist in the school.

Q And there were Community Support Individual Services provided?

A Yes.

Q Eight in the school setting?

A Yes.

Q Three at home?

A Yes.

Q Four in other setting?

A Yes.

Q And two were referred to a public community provider, for a total of 17?

A That's correct.

Q And what services were provided as community service support individual services?

A That is the actual service code, Community Support -- Individual.

Q I understand that.

A And they provided skills building and service coordination.

Q Do you know what it was? What type of skills building or --

A I would have to refer to the individual records to give you that information.

Q Let me ask you this. On Page 1733, the following page --

A Okay, yes.

Q Actually, it says, "Please indicate other services that were provided during the reporting period."

A Yes.

Q And how many other services were provided during the reporting period?

A It says 21, but in this it's speaking of when a person called and scheduled or gave reminders

about their employment. So I would question the person who entered that data on that particular one.

Q Why is that?

A Well, it says "Other Services," and then according to the explanation, I can't answer to that, but it just says calls to families to schedule and reminder of appointments.

So I would need more detail about that, as to why that was entered.

Q Is that something you bill for?

A Oh, no, it's not billed for, no.

Q It's never billed for?

A If it's a nonbillable service, we don't, we don't bill for that.

But, again, I would have to -- the person who filled out the form, I would have to have a conversation with them. So I think that knowledge would come best from them, which is Connie Smith.

Q Looking at objective early -- Objective 2, Early Detection, on Page 1736, this is for first-time referred students?

A Okay. Yes, I see where you're at now. Sorry.

And you said -- can you repeat that again now?

Q Sure. I'm looking at Page 1736, which relates to this part that relates to Objective 2.

A Okay, yes.

Q What is Objective 2?

A Early detection.

Do you want me to read that?

Q What is early detection?

A Early detection is being able to assess any children who may be at risk for any kind of behavioral health need.

Q And there was zero behavioral health assessments of first-time students at that school in that month?

A That's what it has here, but I definitely would want to refer back to Connie Smith to ask her about this, about this part of the data.

Q Let me ask you about the Jenkins School, 1866.

A Yes.

Q We're still on Exhibit 873 -- 874. Excuse me.

A Okay.

Q And this relates to the Jenkins County Elementary School?

A Yes.

Q And that's a school -- where is it located?

A It is in the Ogeechee Division also, and Jenkins County is the actual -- actually, that's the county where it's located.

Q What city is it located in?

A Millen area.

Q That's a school of approximately 800 students?

A I would have to refer to their actual school website to tell you that accurately.

Q Looking at Pages 1873 and 1874, it looks like there was one behavioral assessment provided during this time period?

A That's what is indicated, yes.

Q And zero diagnostic?

A Yes.

Q And zero crisis intervention services?

A Yes.

Q And then there were four psychiatric services provided at the school and two referred to a community provider?

A Yes.

Q So this an instance where the doctor went directly to the school?

A It is a doctor or nurse practitioner.
Q Either a doctor or a nurse practitioner?
A Yes.
Q Do you know which one it was?
A I would have to look at that data. Again, Connie Smith would be able to give you more detail on that.
Q How many doctors do you have?
A At the time, during this reporting period, we had one psychiatrist in that area and one nurse practitioner in that area who provided services.
Q And the nurse practitioner is able to bill under psychiatric treatment?
A Yes, according to the DBHDD guidelines.
Q And then there were six community support --
A Yes.
Q -- services?
A Yes.
Q One family outpatient service?
A Yes.
Q No group services?
A No.
Q Four nursing assessments. What does that relate to?

A That means that a nurse provided education, checked on vitals, medication, or information for medical and/or behavioral health needs in the school.

Q And then there's a listing of 32 other services?

A Yes. And I'll refer back again, I think Connie needs to answer that. We did not bill for scheduling a calling -- I mean scheduling an appointment. I'm sorry.

Q So those are the number of -- that's the highest number of services provided, 32?

A Yes. That indicates there were 32 attempts or calls made to schedule appointments, yes.

Q So you don't know whether it was billed or whether the calls were made?

A Those were calls. I would have to -- but those were not billed. I can say they were not being billed, as is listed on this page under the explanation of other.

It also could include if they tried to reach out to a family and were unable to, but that would still be a nonbillable. That would not be a billable service.

Q And there were no behavioral health assessments provided during this time?

A There was one that was provided by telehealth at that time.

Q Who was providing the behavioral health assessment by telehealth? What were the credentials of that person at that time?

A Connie Smith would be -- would have to be able to pull her data and tell you that information on that particular one.

Q Now, looking at Page 1876, this relates to CANS assessments. What is a CANS assessment?

A A child and adolescent needs assessment, and it is an assessment that is provided to every youth and young -- every youth that we serve.

Q And is the CANS assessment something that is given periodically?

A Every new individual who comes into services with us receives a CANS assessment, and then they have a reassessment every six months, which that six month indicator has just been implemented within the past year as a required number of time, and they at least have one within a year of services being initiated.

Q So this form says number of students who

received a baseline CANS assessment, and your agency reads that to refer to a CANS assessment to the newly referred student?

A To a newly referred student, yes.

Q And then it has the number of students eligible for CANS reassessment?

A Yes. Nine.

Q And that is the number of students who were due for reassessment according to the period of the CANS instrument?

A That's correct, yes.

Q So regardless of what DBHDD required, the CANS instrument had a recommended time frame for assessment -- for reassessment?

A For reassessment. It's within six months, yes.

Q And of the nine students who are eligible for CANS reassessment, only one received the CANS reassessment?

A That's correct.

Q And that one had an improved CANS score?

A Yes.

Q Which is what you look for?

A Yes.

Q So that is an indicator that the services

that you were providing were successful to that degree?

A Well, it would show, as it says here, that there was an improved CANS score.

Q Okay. Let's look at 1945.

A Okay.

Q This is Screven County High School?

A Yes.

Q Are you familiar with that school?

A I am.

Q Where is it located?

A Sylvania.

Q And are there 582 students at that school?

A I would have to refer to, to give you an accurate number, to their school website.

Q And you consulted to each of the grades of that school?

A As indicated, on this particular one -- can you give me a few minutes to look at this?

Q Sure.

A This one says Screven High School.

On this particular one it's referring to Screven High School. So that would be ninth, tenth, eleventh, and twelfth grades that were indicated here.

Q And how many therapists does your agency provide to Screven High School in this time period?

A I would have to refer Connie -- Connie Smith would have to be able to refer to this report in the time period and look at that to see how many were in that school at that time.

Q Were there more than five?

A More than five?

Q Therapists?

A Therapists? No, there was not more than five therapists.

Q Was it more than one?

A I cannot give you that answer without referring to data and services provided.

Q Okay. If you look at Page 1953, it says that one student received a behavioral health assessment and no students received diagnostic assessments? Is that correct?

A That's -- yes, according to this data.

Q And there were 40 other services?

A Yes, is what it says. That's what it says for the total here.

Q And do you know what those other services were?

A And I can't see. It's cut off on this

page.

Q Yeah.

A I couldn't -- I would have to refer you to speak with Connie Smith about the entry on that as well.

Q Have you entered other services in -- the ones we've looked at have been calls to remind patients. Are there other things you bill as other services?

A We don't bill other services that are not listed on this form.

Q Okay. Let's put aside 1874 -- 874.

Now I'm going to hand you what has been previously marked MG00071 to 85, and ask if you can identify this?

MS. COHEN: And we will mark it as Exhibit No. 875.

(WHEREUPON, Plaintiff's Exhibit-875 was marked for identification.)

(Witness reviews exhibit.)

A Okay. Thank you. I recognize this.

Q You recognize it?

A Yes.

Q What is it?

A Information that we submitted when

requested concerning topics of training, trainers, the date of, and those who attended.

Q Did you give many of these trainings?

A I was present but most of these trainings -- well, all of these trainings, because I just looked, were provided by Rachel White, who is the clinical supervisor.

Q Did you participate as a trainer in these trainings?

A No. I participated -- I know it has me under there, but I participated -- I was part of the staff meetings that I hold. So that's probably why my name is listed there, but I did not provide these trainings. Rachel White provided these trainings.

If any questions came up, that my knowledge would be helpful or if she needed to call on me to answer something from the part that I do, then I would give information. But she's the overall identified trainer.

Q So where it says "CSBMG Trainers: Marnie Braswell," you were not providing the training?

A As mentioned, if Rachel asked questions where my expertise of being a Certified Peer Specialist-Parent, and speaking from a guardian standpoint, with lived experience, then I would

answer questions that aided her in her training of the other people involved.

Q So apart from your lived experience and paraprofessional -- your lived experience certification --

A Yes.

Q -- and paraprofessional perspectives, were you not one of the trainers at this -- at these trainings?

A It was my staff meeting, and I embed trainings within the staff meeting. So I was present. I gave feedback according to if -- with information, but Rachel is the identified trainer in these session.

Q Which of these trainings relate to identification of students that are at risk for more restrictive placement?

A I would have to go through each of these. And also, most of those areas that are covered by Rachel during supervision, direct supervision, with the therapist, and that is part of each staff member's overall supervision plan, and it's in their HR file.

Q Do you have my question in mind?

My question was, which of these trainings

in Exhibit 875 relate to identification of students at risk for more restrictive placement?

A It doesn't have the title, just as you roll that out, but there is a training on MG 0078, where it's speaking of engaging with child's family and they're discussing trauma informed view, and that's just one of the evidence-based trainings. It doesn't say this is for children with -- who are high risk or violent, but these are practices for any child that's in any level.

So that was on MG 0079.

Q So are there any of these trainings that specifically relate to early detection of children at risk for referral for more restrictive placement?

A I believe you would find that training as mentioned in each of the therapist's supervision training that is provided by Rachel White as well. It's not listed on this as the topic of training, but it's within their training supervision, which is additional training they received.

Q But it's not included in Pages MG 71 to 85?

A I have not finished reviewing each one yet, but MG --

Q Why don't you take a look through?

A Okay.

(Pause.)

A In speaking with your original question about the higher risk behaviors, MG 0081 was a training provided, moderate customized care coordination, and that speaks to those three young adults who may be in danger of having to move to a higher level of care.

And the same thing with MG 0082. It's discussing strategies on engaging families of children with moderate customized care needs.

As well as MG 0084, where it speaks of discussion and presentation on identifying of moderate range youth who have more complex needs for treatment. And it goes into discussing and identifying the six practice elements associated with engagement of those individuals.

Q I'm sorry, what page was that?

A That was MG00084.

And MG00085 is speaking of Hope statement and setting the frame, which is the role of the therapist for the moderate range kids, and that is about the communication and service roll-out between all parties that are working with the moderate range care individuals.

And MG00086, moderate customized care coordination practice element, youth and family hope, what is the destination that the family wants to go, and this is speaking of tailoring treatment for youth and young adults with more complex needs, and environmental family engagement challenges.

Q What are -- who are moderate core patients?

A Moderate children are identified as those children who have struggles that regular traditional outpatient services may not be enough for this child, and so by increasing and going back and resetting the frame to take a deeper dive and look at the family and identifying the needs of each individual family, and that is led by the therapist, who then tailors treatment, including community services, peer services, and therapy services, in order to wrap up the child with needed services.

I think I did finish going through those. That was the last one that I listed for you, was delivered to our agencies.

Q So of those services that you just listed, do any of them involve observation of the children in the classroom with the teacher?

A No. Not these particular trainings.

Q Do any of those trainings relate to assessing the function of disruptive or violent behavior?

A The moderate customized care strategies, the ones I just listed, that's those individuals who have more intense behaviors would fit into -- that would be the level of care and what's beneficial for them, that wrapping of services.

Q And does that involve any kind of functional behavior assessment?

A The Hope Scale and the Family Empowerment Scale is used, also with the CANS, and the behavioral health assessments that I earlier identified.

Q So are these related to functioning of the individual within the school?

A This can be used for -- this is not only the school. School, home, community. So, yes.

Q Which of these trainings were evidence-based for severe problem behavior?

A The ones that I indicated to you are process, and the MC3 is about process, but it includes all of the evidence-based that I identified earlier today that we provided to youth and young adults, according to their needs.

MS. COHEN: Let's mark as Exhibit 876 a copy of the Georgia Apex Program Annual Evaluation Results from July 20th to June 2021.

This was produced by DBHDD.

I don't have the Bates number for some reason, but I, because it's so voluminous, I numbered it myself.

(WHEREUPON, Plaintiff's Exhibit-876 was marked for identification.)

MS. McGOVERN: Did you want her to review the whole thing or direct her?

BY MS. COHEN:

Q I'll be glad to point you -- you may review it or I can direct you.

Are you familiar with this?

A Yes.

Q What is it?

A It is a Georgia Apex Program Annual Evaluation Results that are aggregated by the Center of Excellence and distributed to Apex providers.

Q And is this something that was distributed -- and distributed to and reviewed by you at the OCYF Fall Consortium Meeting?

A I can't recall. I'm sorry.

Q In general, was it the practice of DBHDD

to review these annual evaluation reports -- results with the CSBs?

A Yes.

Q So it's likely that you went over it at a meeting?

A At a meeting, yes.

Q And then there was a follow-up? It was sent to you in follow-up?

A Yes.

Q By Danielle Jones?

A Yes, yes.

Q I'm going to refer to Page 19.

A Okay.

MS. McGOVERN: She's ready.

MS. COHEN: Just give me one second.

BY MS. COHEN:

Q Now, this report is a summary of what?

A Information that is given to them by providers, the Apex providers.

Q Such as CSBMG, right?

A Yes.

Q You fill out an annual --

A Connie Smith completes that.

Q Connie Smith fills out an annual response to a survey by the Center of Excellence on behalf of

DBHDD?

A Yes. Sorry.

She gathers the information from whatever reporting source that needs to be.

Q And this slide is called "Top Three Referral Reasons," and it says that, quote: "Students are referred for several reasons to behavioral health services. When asked to indicate the top three referral reasons, providers indicated that classroom conduct (58%), behavior outside of the classroom (58%), and depression (55%) were the top three reasons."

Is that consistent with your experience at CSBMG?

A I would have to gather data because there's many different reasons that youth and young adults come to see us.

Q What does classroom conduct refer to?

A I don't -- as far as when they wrote that, I could only tell you what I assume that definition of classroom conduct is and not speak for what they mean.

Q Sure. What did you assume it was?

A Behavior in the class. Behavior -- their behavior in the classroom.

Q And what is behavior outside the classroom?

A Behavior outside the classroom would refer to those behaviors that weren't in the classroom. I don't know if they're assuming or they're speaking of at home or in the hallway, or what that indicator is. They would have to answer that question.

Q Well, when CSBMG filled out this survey, how did it respond?

A I would have to refer to Connie because she gathered that data, as to how her responses were and what they were based on.

Q There's also a reference to students who were discharged.

Let me see if I can find that.

Let's go to actually Page 57.

Let's go to Page 26. Sorry.

Actually, I'm going to send you to Page 23 -- I'm sorry, 21.

Okay. Sorry. It's late in the day.

On Page 21 of 878, it says there were 10,000 overall students. Is that consistent with your understanding?

MS. McGOVERN: Objection to form.

A I can only read the number. I don't know

where they got this information.

Q It also indicates that a total of 99,608 services were delivered, at Page 23?

A That's what it says here.

Q So that's approximately 10 services per student?

A I cannot speak to their data in gathering because it's different service providers.

Q No. My question is, is that consistent with the experience of CSBMG? Sorry.

A I would have to refer to Connie Smith, since she gathers that data, for an accurate response.

Q Looking at Page 31, this is a page that indicates the modality of different kinds of treatment, and it says: "Cognitive-behavioral therapy is utilized most frequently by providers," and that's also true of CSBMG?

A I would have to look at our individual data in order to be able to give you an answer.

Q And what kinds of cognitive -- is there cognitive-behavior therapy used by CSBMG that relates to the functions of the behavior?

A I would -- I would refer that question to the clinical supervisor and the therapist who

provide these services.

Q Is there any effort made by CSBMG to teach replacement behaviors?

A I would refer to our clinical supervisor as to what she teaches the other providers.

Q There's a reference to play therapy. Is that a therapy that is used by CSBMG?

A I can't say that we have -- we don't have any staff here who are currently trained as play therapists, but they have received training from outside trainers, webinars, training sources, on interventions relating to play therapy. But we to not have any play therapists on our staff.

Q At Page 50 there's a description of Tier I Universal Prevention Activities.

A Okay.

Q Which of these does your staff participate in?

A Please give me a moment to look at it before I answer.

(Pause.)

A Staff meetings, faculty consultation, school events, in-service trainings when asked of mental health, local interagency planning teams meetings.

Q Who attends that on behalf of your agency?

A Whoever the therapist or case manager is, but that is based on solely those meetings. Only the parent can invite those who they want to attend, and that is -- that's kind of a set rule. So if they want the therapist or if they want the case manager, then at that time we attend all those meetings.

Q Are those the meetings at which recommendation for individual students are discussed, local interagency planning team, or LIPT, meeting?

A That is identified by the parents which community partners they want to be involved in those meetings, and then the parent comes in. They present the underlying challenges that they're having, and the partners come together on what services, resources that they can to in order to help the family based on what their need is.

Q So what is the purpose of the LIPT meetings?

A Whenever a child needs additional help or additional community partners, when their needs are in several different resource areas, then the team comes together and meets according to helping the

family meet those needs.

Q And what, what -- what options are considered by the families at those meetings?

A Just based on what the needs of the child is and which of those resources that are presented that the family wants. It's totally ran by the -- or the family's choice in everything that occurs in the LIPT meetings.

We also participate -- I didn't finish -- in IEPs, and if -- or if requested to be present for 504 plans with parents, mental health events, and we also have a mental health clubhouse, and we assist with those referrals as well.

Q Now I'm going to direct your attention to Page 27, and this is a slide that references students discharged from the Apex program.

It says that the biggest reason that students were discharge from the Apex program is lack of engagement.

Is that an issue that your agency has encountered?

A To my knowledge, I would have to refer to our data and refer to Connie Smith, but that is not -- has not, to my knowledge, being because of lack of engagement from the individuals.

Q When you attended the Apex meetings, did you hear any discussion of the lack of engagement as an issue in Apex programs?

A Not that I recall.

Q It looks like 40 percent of the students discharged from Apex were discharged by reason of lack of engagement. Is that something that was ever discussed at any of those OCYF meetings that you attended?

A Not to my knowledge.

MS. COHEN: Why don't we take a brief break, and then I'm hoping we can wind up.

THE VIDEOGRAPHER: We're off the record at 4:44 p.m.

(A recess was taken.)

THE VIDEOGRAPHER: We are back on the record at 4:55 p.m.

BY MS. COHEN:

Q Are you familiar with the Voices of Georgia group?

A Voices of Georgia, yes.

Q What is that?

A From, from what I know, an advocacy group. They reach out, provide different platforms and education and information for the people of Georgia

concerning the behavioral health field.

Q And have you interacted with individuals from Voices of Georgia?

A As -- if they ask us to be a part of some sort of training, or if they've asked questions concerning getting the information to share with readers and all, during their newsletter and all as well. We've been asked questions before.

Q And did someone from Voices of Georgia come and interview individuals from your agency with regard to the Apex program?

A The one that I recall was done by telephone, I believe. It was during the heart -- the heart of COVID, when COVID was going on, and that's the one I recall.

Q Was it in 2020?

A I can't recall the date.

Q But do you to recall that your agency cooperated with the Voices of Georgia interview?

A As far as answering questions, they were likely doing a check-in and answering questions, yes.

Q And who, who was the individual from your agency who responded to questions from Voices of Georgia?

A I would have to be able to look at it to remember. I do know there has been one where they've asked me questions and I've responded to them.

Q Are you the principal person from your agency who has responded to Voices of Georgia?

A I believe -- and this would be -- I would have to refer back to it, but I think I recall Connie Smith, but I don't know that without referring back.

Q And how many hours was the interview?

A Oh, it was only minutes, I can remember, just having a call for a few minutes. Or maybe no longer than 15, 20, 30 minutes.

Q I think with respect to all of the questions regarding functional behavior assessments, you had referred those to --

A Yes. Any questions to the clinical supervisor for more in-depth information that you asked before.

Q Let me ask you a couple of questions about supervision with Rachel White.

A Okay.

Q And the trainings.

MS. COHEN: Let me see if I can pull that

exhibit again.

Here it is.

I'm going to put in front of you Exhibit 875.

A Okay.

Q What trainings were based on evidence-based practices?

A Please give me a few minutes to review this.

(Pause.)

A MG00077, it speaks of the missing link. It also speaks of DBT and CTR techniques for staff to utilize with individuals served.

And MG00078 training focused on traditional view versus trauma informed view. And it spoke on utilizing trauma informed tools, highlighting assessments and screenings along with evidence-based practices.

Also, any training with basic practices of trauma focus, CBT interventions.

And out of the forms that you gave me, these are the two out of these forms.

Q And how long were those trainings?

A I would have to refer back to the actual training sheets in order to tell you exactly how

long each of the trainings lasted.

Q So aside from the trainings that are in those sheets that we're looking at in this exhibit, what other trainings were provided to your staff on evidence-based practices?

A As I mentioned earlier, training supervision that is held monthly with the therapy staff, and that is conducted by Rachel White, who is the clinical supervisor.

Q Do you attend those trainings?

A The monthly trainings, no, I do not attend those.

Q So remind me again, what are the evidence-based practices that you use?

A Our agency utilizes DBT, CBT, trauma informed CBT, behavior modification, CTR. And I believe that covers them all.

Q And I think you said that the staffings occur at your monthly -- the trainings occur at your monthly staff meeting?

A These particular trainings, but we have additional trainings and supervision that occurs with the therapists who provide individual and family therapy, and those are conducted by Rachel White.

Q And how long is your monthly staff meeting, that you run?
A 2-1/2 hours, typically.
Q So is --
A It may go longer.
Q Is that the approximate length of these trainings?
A I would have to refer back. It's according to the information that was covered. I would have to refer back to the actual staffing minutes.
Q Do you have a copy of the written materials for those trainings? Do you maintain them?
A Rachel White, who provides that information, maintains copies and has training materials that she utilizes during supervision and trainings.
Q But how about for the trainings at your staff meetings?
A Because she conducts those, she does have those, yes.
Q Okay. And then how many staff members does Rachel White supervise?
A I would have to -- I think earlier, when I

indicated, when you asked me for July, we indicated there were 24 therapists, and within those staff, that four of those were licensed, and that would be 20 staff members who are not licensed who would be under Rachel White's clinical supervision, monthly supervision.

Q And how much time does she spend with each of these -- I'm sorry.

Is the training individual -- or is the supervision individual or group?

A There does a set group training that occurs once a month -- once each month, from 9 o'clock until noon, as well as she does individual supervision and training with them as cases occur, as she feels they may need additional help in certain areas, or as they request.

Q How long is each of the monthly meetings for supervision?

A Three hours.

Q So there's one monthly supervision meeting of three hours, and all of the staff members that she supervises is required to attend?

A Yes. If she provides supervision to them, they must attend, unless of sickness or -- and then they are required to make that up through individual

training.

Q How much time does she spend meeting with the individual staff members?

A You would have to refer to her directly to get an accurate, because she keeps the log of the clinical supervision.

Q And what is Rachel White's training?

A She is a CPCS, who is -- that means she has the credential to be able to offer supervision to unlicensed providers in the State of Georgia. She's also a Licensed Professional Counselor.

Q And does she have training in functional behavioral assessment?

A I would have to refer to her personnel record to be able to accurately give you all of those, but Rachel would be able to give you that information.

Q And does she have any training in applied behavioral analysis?

A She does -- that is not her specialty, so no, she does not have training in that particular area.

Q Where did she receive the training on the evidence-based practices that she teaches?

A Those would have been outside trainings

where she obtained certification. I would have to refer to her personnel file where that is maintained.

MS. COHEN: I don't think I have anything further, subject to anything that the State may ask, or that Ms. McGovern may ask in clarification.

MS. McGOVERN: I'm not going to have any. Does the State have any questions?

MS. HERNANDEZ: I do not. Thank you.

MS. McGOVERN: Okay.

THE VIDEOGRAPHER: So I have a standing order for Ms. Cohen and Ms. Hernandez, and McGovern you don't need a video, correct?

MS. McGOVERN: I don't need a video. She is going to read and sign.

THE VIDEOGRAPHER: Thank you.

That concludes the deposition of Marnie Braswell.

We're off the record at 5:09 p.m.

(Whereupon, the deposition concluded at 5:09 p.m.)

C E R T I F I C A T E

STATE OF GEORGIA:

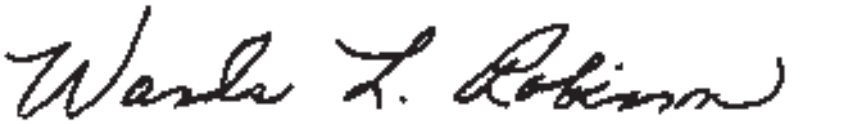
FULTON COUNTY:

I hereby certify that the foregoing transcript of MARNIE BRASWELL was taken down, as stated in the caption, and the questions and answers thereto were reduced by stenographic means under my direction;

That the foregoing Pages 1 through 212 represent a true and correct transcript of the evidence given upon said hearing;

And I further certify that I am not of kin or counsel to the parties in this case; am not in the regular employ of counsel for any of said parties; nor am I in anywise interested in the result of said case.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 2nd day of February, 2023.



Wanda L. Robinson, CRR, CCR No. B-1973
My Commission Expires 10/11/2023

D I S C L O S U R E

STATE OF GEORGIA) VIDEOTAPE DEPOSITION OF
FULTON COUNTY MARNIE BRASWELL - 1/26/23

Pursuant to Article 10.B of the Rules and Regulations of the Board of Court Reporting of the Judicial Council of Georgia, I make the following disclosure:

I am a Georgia certified court reporter. I am here as a representative of Esquire Deposition Solutions, LLC, and Esquire Deposition Solutions, LLC was contacted by the offices of U.S. Attorney's Office to provide court reporter services for this deposition. Esquire Deposition Solutions, LLC will not be taking this deposition under any contract that is prohibited by O.C.G.A. 9-11-28 (c).

Esquire Deposition Solutions, LLC has no contract/agreement to provide court reporter services with any party to the case, or any counsel in the case, or any reporter or reporting agency from whom a referral might have been made to cover this deposition.

Esquire Deposition Solutions, LLC will charge the usual and customary rates to all parties in the case, and a financial discount will not be given to any party to this litigation.

United States of America vs. State of Georgia

Esquire Job No. J9103670

DECLARATION UNDER PENALTY OF PERJURY

I declare under penalty of perjury that I have read the entire transcript of my deposition taken in the above-captioned matter or the same has been read to me, and the same is true and accurate, save and except for changes and/or corrections, if any, as indicated by me on the DEPOSITION ERRATA SHEET hereof, with the understanding that I offer these changes as if still under oath.

Signed on the_____day

of _____, 2023.

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MARNIE BRASWELL

DEPOSITION ERRATA SHEET

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MARNIE BRASWELL

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MARNIE BRASWELL